

# 英国 中医 医药 学会 会刊



ISSN: 1745-6843  
Volume 17 Issue 2  
第 17 卷 第 2 期

## The Journal of The Association of Traditional Chinese Medicine

20<sup>th</sup> September 2010



我们高兴地得知顺天堂中药浓缩粉剂将不受明年法规的限制。当前市场草药价格飞涨，中药品质参差不齐，顺天堂浓缩粉剂凭其优异品质，高性价比备而受中医师青睐，更是英国NHS系统唯一认可中药品牌。为支持广大中医诊所开展业务，从10月1日起实行惊喜促销活动，单方、复方产品折扣高达40%

## 中药精华尽在顺天

高浓缩比，低剂量，疗效显著

印制客户特有标签，打造您专业形象



满足您质最优，价最廉的采购要求

# 诊所一站式采购服务平台

凡ATCM会员均可享受最高达75%的折扣



ISO 9001 认证  
ISO 13485 认证  
欧洲 CE 认证  
美国 FDA 认证  
日本 QMS 认证  
加拿大医疗器械认证

Ultra全系列针灸

诊所用具

浓缩中成药

保健精品系列

速效止痛贴布

速效止痛喷射

速效止痛搽剂



我公司所经营的ULTRA-L铜柄系列针灸针，ULTRA-S钢柄系列针灸针，ULTRA-P塑柄系列针灸针，ULTRA-D塑柄排毒系列针灸针均采用日本进口手术专用不锈钢丝，历经23道制作工艺，完美针尖打磨工艺，经过100%的检验率和严格品管监控，进针更顺滑，捻针过程更得心应手。规格齐备：100支装单支有管/无管，500支装五支一管。

另有外用品及诊所用具，详情请垂询



# 0800 310 1588

T: 0161 872 1118 / 0161 877 1738 / 0161 877 2382

F: 0800 310 1566 / 0161 872 1288

W: [www.herbprime.com](http://www.herbprime.com) E: [orders@herbprime.com](mailto:orders@herbprime.com)

A: 84 - 86 North Stage, Broadway, Salford M50 2UW, UK



Herbprime Co., Ltd

# 目录 Contents

## 理论与文献 Theory & Literature

Clearing Method in Shang Han Lun	Engin CAN, Ming Zhao CHENG	1
Science-based Mechanisms to Explain the Action of Acupuncture	Man-Chi Wong, Hui Jun Shen	5

## 临床经验 Practical Experience

TCM Treatment of Infertility by the Combination of Syndrome Differentiation and Disease Diagnosis	Liqin Zhao	11
中医辨证与辨病相结合治疗不孕症	赵丽琴	16
A Useful Technique to Strengthen Acupuncture Effect—“Shaoshanhua” & “Toutianliang”	Dan Jiang	20
达到针刺较强疗效的绝好技能——烧山火与透天凉	江丹	24
腺癌治愈	袁炳胜	27
TCM Treatment for Peptic Ulcer	Xin Zhang, Ming Zhao Cheng	29
Treatment of Scleroderma by TCM	Yang Xiang (向阳)	31
感冒医案三则	袁炳胜	34
颈椎综合症所致之头痛及偏头痛	Daniel	35
所谓小病	万增智	36

## 临床报告 Clinical Report

体检人群中 303 例上火者的舌象特征研究	梁嵘, 吴金飞等	37
A Clinical Study on Global TCM Therapy in Treating Elderly patients with Advanced Non-small Cell Lung Cancer	Jian-hua Cheng, Zhi-guang Wang, et al.	43
中医药全程治疗老年晚期非小细胞肺癌的临床研究	程剑华 刘伟胜等	48
The Application and Advantages of Traditional Chinese Medicine in the Treatment of Breast Cancer Where Chemotherapy Fails	Jianhua Cheng	52

## 论坛与交流 Forum & Exchange

杂谈忌口(饮食禁忌)	孟凡毅	55
Wuzhualong – An Efficient Herb of South China	Tiejun Tang	57
岭南妙药五爪龙	唐铁军	58
征稿启事 Call for Papers		59

## 英国中医药学会会刊编辑委员会 Editorial Committee of ATCM Journal

主编: 赵丽琴, 范安杰	Chief Editors: Liqin Zhao, Andreas Feyler
副主编: 江丹	Vice-Chief Editor: Dan Jiang
顾问: 李林	Advisor: Lin Li
编辑: 唐志进, 向阳, 尚华	Editors: Zhijin Tang, Yang Xiang, Hua Shang
本期编辑: 赵丽琴, 范安杰, 沈惠军	Editors of this Issue: Liqin Zhao, Andreas Feyler, Huijun Shen
版面设计: PCL Wollaston Print	Graphics: PCL Wollaston Print

英国中医药学会 The Association of Traditional Chinese Medicine (UK)  
地址 Address: 5A Grosvenor House, 1 High Street, Edgware, London, HA8 7TA, UK

电话 Tel: 0044 (0)20 8951 3030  
传真 Fax: 0044 (0)20 8951 3030

电子邮件 Email: info@atcm.co.uk  
网站 Website: www.atcm.co.uk

# Clearing Method in Shang Han Lun

Engin CAN<sup>1</sup>, Ming Zhao Cheng<sup>2</sup>

<sup>1</sup>Everwell Chinese Medical Centre, London; <sup>2</sup>Middlesex University, London

**Abstract:** Clearing method is one of the eight therapeutic methods introduced in Shang Han Lun (Treatise on Cold Damage) <sup>1</sup> by Zhang Zhong-jing in the Eastern Han Dynasty (3<sup>rd</sup> century). This method is mainly used for the treatment of interior heat syndrome of Yangming Meridian Disease during febrile disease, and Baihu Tang (白虎汤 White Tiger Decoction) is usually regarded as a representative formula. Additionally, there are other prescriptions in Shang Han Lun, which should also be classified in the category of clearing method, including Zhizi Chi Tang (栀子豉汤 Gardenia and Fermented Soybean Decoction), Gegen Huangqin Huanglian Tang (葛根黄芩黄连汤 Pueraria, Scutellaria and Coptis Decoction), Huangqin Tang (黄芩汤 Scutellaria Decoction), Huanglian Erjiao Tang (黄连阿胶汤 Coptis and Ass Hide Glue Decoction), Baitouweng Tang (白头翁汤 Pulsatilla Decoction) and Zhuye Shigao Tang (竹叶石膏汤 Bamboo Leaf and Gypsum Decoction). These formulae will be discussed in this article.

## Baihu Tang (白虎汤) (White Tiger Decoction)

Baihu Tang's ingredients:

Zhimu/Rhizoma Anemarrhenae 6 Liang/ 15g  
Shigao/Gypsum Fibrosum 1 Jin/30g  
Zhi Gancao/Radix Glycyrrhizae Preparata 2Liang/6g  
Jingmi/Semen Oryzae Nonglutinosae 6 He/9 g

Original preparation and administration: boil the above 4 ingredients in 1 Dou (2,000 ml) of water in a pot over a fire until the rice is well-done. Remove dregs to get a decoction. Take 1 Sheng (200 ml) of the decoction when it is warm, 3 times a day. The main actions of this formula is clearing away heat from the Yangming meridian and increasing body fluids.

Among the ingredients in the formula, Shigao, which is pungent and sweet in flavour and extremely cold in nature, acts as the principal which is effective in clearing excessive heat in the Yangming meridian. Zhimu, which is bitter in taste and cold moist in nature, serves as the assistant herb for strengthening the action of the principal. It also nourishes yin and increases body fluids. Zhi Gancao and Jingmi, as the adjunct and guiding herbs, are able not only to reinforce the function of the stomach and protect body fluids, but also prevent the middle-jiao from being injured by the bitter and cold principal and the assistant.

Indications for Baihu Tang were recorded in a number of clauses in Shang Han Lun. For example, Clause 176 states that “Baihu Tang suits febrile disease with a floating-slippery pulse which is due to heat in both interior and exterior”. In Clause 219, it describes a more complicated case, saying that “the syndrome involving 3 yang meridians simultaneously, there are symptoms and signs of abdominal distension, a heavy feeling of the body, difficulty in turning round, a lack of taste, dusty face, delirium and incontinence of urine. When there is a spontaneous perspiration, Baihu Tang can be prescribed”. This is talking about the differentiation and treatment of the syndrome involving 3 yang meridians, but the heat is

mainly in the Yangming meridian.

Furthermore, Clause 350 describes the treatment of cold extremities syndrome due to the stuffing effects of interior heat which blocks yang qi from reaching the extremities. It states that “the patient with Shanghan manifests as slippery pulse and cold extremities, which indicate an interior heat syndrome, Baihu Tang should be chiefly used”.

Most TCM scholars today believe that the indications for Baihu Tang should include 4 major symptoms and signs: high fever, profuse perspiration, great thirst and a large forceful pulse.

Baihu Tang can be mainly used in common cold, flu and pneumonia marked by interior heat. It can also be applied to patients with encephalitis B, epidemic meningitis marked by high fever, profuse perspiration, a great thirst, and large forceful pulse. Its use, however, should be combined with Western medicine at the same time. Additionally, modified Baihu Tang can also be used for patients with diabetes marked with great thirst.

Some research has indicated that Baihu Tang has the efficacies of allaying fever, tranquilizing the mind, subduing inflammation, assuaging thirst and lowering blood sugar level <sup>2</sup>.

## Zhizi Chi Tang (栀子豉汤) (Gardenia and Fermented Soybean Decoction)

There are 7 clauses (76, 77, 78, 81, 221, 223 and 375) on Zhizi Chi Tang in Shang Han Lun and also 1 clause in Chapter 17 in Jin Kui Yao Luo (Synopsis of the Golden Chamber).

In Clause 76, Zhang Zhong-jing says that “After misuse of a diaphoretic, or emetic, or purgative, the patient suffers from restlessness and insomnia. In a serious case, the patient would feel ants in his/her pants, and feels anguished in the heart, Zhizi Chi Tang (Gardenia and Fermented Soybean Decoction) should be prescribed. He also pointed out in Clause 77, ‘after misuse of a diaphoretic or purgative, if the patient feels vexatious and stuffy in the chest, Zhizi Chi Tang should be mainly used’.



In Clause 78, he describes that “A patient has suffered febrile disease for 5-6 days. After using a strong purgative, the patient still has fever, stuffiness and pain in the heart, Zhizi Chi Tang should be applied to this case”.

Zhizi Chi Tang consists of following ingredients:

Zhizi/Fructus Gardeniae 14 pcs/9g (broken)  
Xiang Chi/Semen Sojae Preparatum 4 Ge /8g (cotton-wrapped)

Original preparation and administration: first boil Zhizi in 4 Sheng (800 ml) of water in a pot over a fire until 2.5 Sheng (500 ml) is left, and then add Douchi into the pot and continue to boil until 1.5 Sheng (300 ml) remains. Remove dregs to get a decoction. Divide the decoction into 2 portions. Drink one portion each time when it is warm. If vomiting occurs, stop drinking the second portion.

Zhizi Chi Tang is a main formula for treatment of restlessness and insomnia. Among the ingredients, Zhizi, bitter in taste, cold in nature, is good at clearing away heat. Xiangchi, which today is usually named ‘Dan Douchi’, functions in both expelling heat and regulating the stomach. Both herbs work together in this formula to discharge the stagnated heat in the chest and heart. Thus, restlessness, insomnia and anguish are relieved. For example, it is reported that neurosis manifested as headache, restlessness and stuffiness in the chest can be treated by using this formula<sup>3</sup>. This formula was also reported to be useful for treating schizophrenia<sup>3</sup>, manifested as restlessness, mania, constant scolding and running, dry mouth, constipation, red tongue with yellow coating, a slippery and rapid pulse, when other phlegm resolving and mind pacifying herbs were added.

### **Gegen Huangqin Huanglian Tang (葛根黄芩黄连汤) (Pueraria, Scutellaria and Coptis Decoction)**

In Shang Han Lun, Gegen Huangqin Huanglian Tang only appears in Clause 34, which states that “A patient suffering from Taiyang disease, manifested as symptoms of Guizhi Tang (Cinnamon Twig Decoction), then they should be treated by Guizhi Tang. However, if a purgative was mistakenly given to the patient, continuous diarrhoea will ensue. If the pulse is irregularly-rapid, it will mean the exterior syndrome still exists; and could have accompanied asthma and perspiration. For this case, Gegen Huangqin Huanglian Tang should be prescribed”. Here, ‘Diarrhoea’ is caused by the misuse of a purgative or by pathogenic heat invading the large intestine; ‘The exterior exists’ suggests there are other exterior symptoms such as chills, floating –rapid pulse, etc.; ‘Perspiration’ is due to the vaporization of interior heat; and ‘Asthma’ is the heat in the large intestine also affecting the lung as the lung and the large intestine have the interior and exterior relationship.

Gegen Huangqin Huanglian Tang is composed of the following ingredients:

Gegen/Radix Puerariae half Jin/24g  
Zhi Gancan/Radix Glycyrrhizae Preparata 2 Liang/6g  
Huangqin/Radix Scutellariae 3 Liang/9g  
Huanglian/Rhizoma Coptidis 3 Liang /9g

Original preparation and administration: first boil Gegen in 8 Sheng (1.600 ml) of water in a pot over a fire until 2 Sheng (400 ml) of the water have evaporated, and then add 3 other herbs into the pot which will be boiled until 2 Sheng (400 ml) is left. Remove herbal dregs to get a decoction. Divide the decoction into 2 portions. Drink 1 portion each time, 2 times a day.

The formula functions in clearing away pathogenic heat from the large intestine to relieve diarrhoea, and also dispelling pathogens to relieve the exterior syndrome. Among the ingredients, Gegen, sweet and pungent in taste, and cool in nature, can function in both eliminating pathogenic heat from the large intestine to stop diarrhoea and also relieving the exterior syndrome. Huangqin and Huanglian can clear away pathogenic heat from the large intestine to treat diarrhoea. Zhi Gancan regulates the stomach and coordinates other ingredients in the formula.

Clinically this formula can be applied to patients with acute and chronic enteritis and bacillary dysentery manifested as diarrhoea, bloody purulent stools, abdominal pain, tenesmus, and burning sensation in the anus.

Experiments with this formula in rabbits<sup>3</sup> found that it has the effects of allaying fever, and inhibiting bacteria such as pneumococcus and Bacillus dysenteriae.

### **Huangqin Tang (黄芩汤) (Scutellaria Decoction)**

Huangqin Tang appears in Clause 172, which starts that “The patient with the syndrome involving Taiyang and Shaoyang at the same time manifests as diarrhoea. Huangqin Tang (Scutellaria Decoction) should be chiefly given. If accompanied by vomiting, Huangqin Jia Banxia Shengjiang Tang (Scutellaria plus Pinellia and Fresh Ginger Decoction) should be mainly applied to the case”. This text mainly discussed the treatment of a syndrome involving Taiyang and Shaoyang marked by diarrhoea or vomiting.

Here, a syndrome involving Taiyang and Shaoyang means an invasion of both Taiyang and Shaoyang by the pathogenic heat, but mostly affecting Shaoyang and the large intestine in particular. ‘Diarrhoea or dysentery and vomiting’ are due to pathogenic heat in Shaoyang and the large intestine. ‘Vomiting’ is caused by pathogenic heat in Shaoyang affecting the stomach.

Huangqin Tang (Scutellaria Decoction) consists of following ingredients:

Huangqin/Radix Scutellariae 3 Liang /9g  
Shaoyao /Radix Paeoniae 2 Liang /6g  
Zhi Gancan / Radix Glycyrrhizae Preparata 2 Liang/6g  
Dazao /Fructus Jujubae 12 pcs/6g (broken)

Original preparation and administration: boil the above 4 ingredients in 1 Dou (2.000ml) of water in a pot

over a fire until 3 Sheng (600 ml) is left. Remove herbal dregs to get a decoction. Drink 1 Sheng (200 ml) of the decoction each time when it is warm, twice a day, and once at night.

This formula clears away pathogenic heat from the Shaoyang and the large intestine to relieve diarrhoea or dysentery, and regulating the stomach to stop vomiting. Among the ingredients, Huangqin clears away heat in the Shaoyang and Yangming; Shaoyao relieves abdominal pain, Zhi Gancuo and Dazao tonify the spleen and regulate the stomach. As a result, it functions in clearing pathogenic heat from Shaoyang and large intestine to treat diarrhoea and dysentery. Additionally, if there is vomiting, add Banxia (Rhizoma Pinelliae) and Shengjiang (Rhizoma Zingiberis) to Huangqin Tang (which is renamed as 'Huangqin Jia Banxia Shengjiang Tang'). As Huangqin Tang is the base formula for treating dysentery, Dr Wang Ang in 1682 in his book *Yi Fang Ji Jie* (Collected Exegesis of Prescriptions) gave a special name to Huangqin Tang as "the ancestor formula for treating dysentery".

Clinically, Huanglian 10g, Muxiang 10g, Jinyinhua 30g, Machixian 30g and Gegen 20g can be added to Huangqin Tang in the treatment of bacillary dysentery.

Results obtained from a pharmacological experiment indicate that the compound prescription Huangqin Tang and its component herbs showed marked anti-inflammatory effect<sup>4</sup>.

### **Huanglian Ejiao Tang (黄连阿胶汤) (Coptis and Ass Hide Glue Decoction)**

This formula is only found in Clause 303, which says that "The patient has suffered from Shaoyin disease for more than 2-3 days, manifesting as restlessness and insomnia, Huanglian Ejiao Tang (Coptis and Ass Hide Glue Decoction) should be prescribed". Here, 'Shaoyin disease' refers to the heat syndrome of Shaoyin disease. Restlessness and insomnia are caused by exuberance of heart-fire due to deficiency of kidney-yin failing to nourish and control the heart-fire.

Huanglian Ejiao Tang (黄连阿胶汤 Coptis and Ass Hide Glue Decoction) consists of the following ingredients:

Huanglian/Rhizoma Coptidis 4 Liang /12g  
Huangqin/Radix Scutellariae 2 Liang /6g  
Shaoyao/Radix Paeoniae 2 Liang /6g  
Jizihuang/Galli Vitellus 2 raw yolks  
Ejiao/Colla Cori Asini 3 Liang /9 g

Original preparation and administration: first boil the above herbs except Ejiao and Jizihuang in 6 Sheng (1.200 ml) of water in a pot over a fire until 2 Sheng (400ml) remains. Remove dregs and add Ejiao that should melt in the decoction completely; and then add Jizihuang when the decoction becomes a little cooler. Mix all the above thoroughly. Take 7 Ge (140 ml) each time orally when it is warm, 3 times a day.

The formula functions in nourishing the kidney-yin and clearing away the heart-fire to tranquilize the mind and relieve restlessness and insomnia. Among the

ingredients, Huanglian and Huangqin clear away heart-fire; Shaoyao, Ejiao and Jizihuang nourish the kidney-yin and heart-blood. All work together to form a formula for treating insomnia and restlessness due to exuberance of a heart-fire resulting from deficiency of the kidney-yin.

Clinically, this formula can be used for the treatment of insomnia and anxiety caused by stress, neurosis and depression marked by exuberance of the heart-fire due to deficiency of the kidney-yin. Additionally, Chen<sup>3</sup> reported to apply this formula to a patient with atrophic gastritis for more than 6 years and it was effective. He<sup>3</sup> reported to use the formula for treating paroxysmal tachycardia and it was effective, too.

Sun and Zhao<sup>3</sup> experimented on this formula and found it has a marked effect on tranquilizing the mind and leading to a resting state and sleeping.

As Ejiao is an animal product and not allowed to use, we can use Shengdihuang/Radix Rehmanniae 10 g as its replacement.

### **Baitouweng Tang (白头翁汤) (Pulsatilla Decoction)**

Baitouweng Tang appears in Clause 371 and 373. Clause 371 states that "Diarrhoea or dysentery of heat pattern accompanied with rectal tenesmus should be mainly treated with Baitouweng Tang (Pulsatilla Decoction)". Here, diarrhoea or dysentery of heat pattern with rectal tenesmus is caused by damp-heat invading the large intestine and the rectum; and fever, abdominal pain, bloody mucous stool, burning sensation at the anus, yellow and greasy coating on the tongue, and slippery and rapid pulse are often accompanied symptoms. Additionally, in Clause 373, it states that "The patient with diarrhoea or dysentery with thirst for water which is caused by pathogenic heat should be chiefly treated with Baitouweng Tang". This clause gives additional information to Clause 371. The thirst for water results from pathogenic heat damaging the body fluid.

Baitouweng Tang (白头翁汤 Pulsatilla Decoction) consists of the following ingredients:

Baitouweng / Radix Pulsatillae 2 Liang/6g  
Huangbai / Cortex Phellodendri 3 Liang/9g  
Huanglian / Rhizoma Coptidis 3 Liang/9g  
Qinpi /Cortex Fraxini 3 Liang/9 g

Original preparation and administration: boil all herbs in 7 Sheng (1,400 ml) of water in a pot over a fire until 2 Sheng (400 ml) remains. Remove the dregs to get a decoction. Take 1 Sheng (200 ml) of the decoction orally each time when it is warm; if not cured, take 1 Sheng (200 ml) again or more.

The main action of this formula is to clear away pathogenic heat and dampness to treat diarrhoea or dysentery of heat type. Among the ingredients, Baitouweng and Qinpi clear away pathogenic heat and cool the liver, both acting as chief herbs in the formula for treating diarrhoea or dysentery of heat pattern in Jueyin Disease. Huanglian and Huangbai clear damp-heat from the large intestine to relieve diarrhoea and dysentery.

Clinically, this is an effective formula used for

treating both acute bacillary or amoebic dysentery. It can also be used in combination with Taohua Tang (Peach Blossom Decoction) to treat patients with chronic nonspecific ulcerative colitis marked by long term diarrhoea.

Studies have indicated that this formula has anti-bacterial, anti-amoebic parasite, anti-inflammatory and immunity enhancing functions<sup>3</sup>.

### Zhuye Shigao Tang (竹叶石膏汤) (Bamboo Leaf and Gypsum Decoction)

This formula appears in Clause 397, which states that “After recovering from a febrile disease, the patient suffers from general weakness and becomes slimmer than before, accompanied by short breath, an ascending feeling of qi counter flow and nausea. Zhuye Shigao Tang (Bamboo Leaf and Gypsum Decoction) should be mainly used”. This clause is talking about the treatment of the syndrome due to a residual heat and deficiency of both qi and body fluids after a febrile disease. Here, general weakness and short breath indicate deficiency of qi. The weight loss after febrile disease is due to the damage of yin and blood; and an ascending feeling of qi counter flow and nausea are caused by stomach-qi failing to descend due to the residual heat. Additionally, thirst, restlessness and a red tongue without coating, and a fine and rapid pulse may also be present in this case.

Zhuye Shigao Tang (竹叶石膏汤 Bamboo Leaf and Gypsum Decoction) contains the following ingredients:

Zhuye/Folium Lophatheri 2 bunches/9g  
Shigao/Gypsum Fibrosum 1 Jin /10g  
Banxia/Rhizoma Pinelliae half Sheng (washed)/9g  
Maimendong/Radix Ophiopogonis 1 Sheng /18g  
Renshen/Radix Ginseng 2 Laing /6g  
Zhi Gancào/Radix Glycyrrhizae Preparata 2 Liang/6g  
Jingmi/Semen Oryzae half Sheng/9g

Original preparation and administration: boil all ingredients except Jingmi in 1 Dou (2,000 ml) of water in a pot over a fire until 6 Sheng (1,200 ml) remains. Remove dregs and add Jingmi. Continue to boil it until the Jingmi is well-cooked. Remove the Jingmi from the decoction. Take 1 Sheng (200 ml) orally each time when it is warm, 3 times a day.

The formula functions in clearing away the residual heat, tonifying qi, nourishing yin and supplementing the body fluid. Among the ingredients, Zhuye and Shigao

clear away residual heat and relieve restlessness. Renshen and Maimendong tonify qi and supplement body fluids. Zhi Gancào and Jingmi regulate the middle-jiao and nourish the stomach. Banxia descends the adverse stomach qi to relieve nausea or vomiting.

There are clinical reports about this formula. For example, Mao<sup>3</sup> reported to use the formula for treating cases of vomiting after cholecystectomy with good results. Xu<sup>11</sup> successfully treated a case of post-natal patient with neurogenic vomiting.

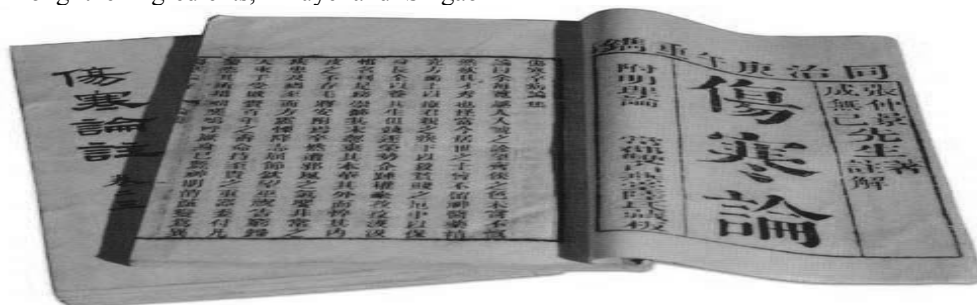
Tai et al<sup>3</sup> reported that Zhuye Shigao Tang may enhance the immune function of mice with candidiasis. They observed the therapeutic effect of this formula on candidiasis of mice and found it prolonged the survival time of immune-suppressed mice but it had no significant effect on the immune function of normal mice.

### Conclusion

Clearing method is one of the eight methods created by Zhang Zhong-jing in Shang Han Lun. It is mainly used in the interior heat syndrome of Yangming Meridian Disease and other conditions. In this article, seven representative formulae in this category have been discussed, together with details of the original clauses on these formulae. The formulae's ingredients, original methods of preparation and administration, actions, explanations, indications and some research studies have been described. It is hoped that this will help TCM practitioners and students in their study of Shang Han Lun as a TCM classic<sup>3, 5, 6, 7</sup>.

### References

- [1] World Federation of Chinese Medicine Societies (2008) International Standard Chinese-English Basic Nomenclature of Chinese Medicine. People's Medical Publishing House.
- [2] Zhang E (1990) Prescriptions of TCM. Shanghai TCM University Press.
- [3] Can E (2010) Shang Han Lun Study Guide. People's Medical Publishing House.
- [4] Huang L et al (1990) A Preliminary Study on the Pharmacology of the Compound Prescription Huangqin Tang (Scutellaria Decoction) and Its Component Herbs. China Journal of Herbs 15(02):51.
- [5] Zhang E (1989) Research in Classical Formulas. Yellow River Press.
- [6] Huang H (2005) Introduction to Treatise on Exogenous Febrile Diseases. Shanghai TCM University Press.
- [7] Li P (1985) Textbook of Shang Han Lun for All-China TCM Universities. Shanghai Science and Technology Press.



# Science-based Mechanisms to Explain the Action of Acupuncture

Man-Chi Wong<sup>1</sup> Hui Jun Shen<sup>2</sup>

1. Final year student, Shenzhou Open TCM University, Amsterdam, The Netherlands
2. Supervisor, Shenzhou Open TCM University, Amsterdam, The Netherlands

## Abstract

*Although acupuncture has been practiced for thousands years in China, it is still not recognized by and incorporated in the conventional (Western) medicine in many countries. One of the reasons is lack of clear science-based mechanistic explanation for the action of acupuncture. There are some hypotheses on how acupuncture works: local mechanotransduction, neurohumoral theory and morphogenetic singularity theory, etc. Needling in the skin elicits a local mechanical deformation and body's reaction results in a self-healing process. According to the neurohumoral theory, acupuncture stimulates the release of various neurochemical substances, which have an analgesic and overall relaxing effect. The gate-control theory, believes that acupuncture blocks pain signals from reaching the brain by generating a competing stimulus in the spinal cord. The morphogenetic singularity theory states that acupuncture points and meridians originate from the organizing centers in the developing embryo. The rationale and plausibility of each theory is briefly discussed.*



Acupuncture is thousands years old and presumably not only developed in China, but also in Egypt and Europe in parallel, but there it disappeared. In China, the practitioners of Traditional Chinese Medicine (TCM) refined acupuncture in hundreds of years based on the yin-yang philosophy. Since President Nixon's visit to China in 1971, the Western world showed interest in acupuncture. Up until now, there is still a lot of skepticism, even though the World Health Organization (WHO) recognizes that acupuncture does work for many diseases. How about the scientific evidence for acupuncture? Numerous clinical studies are published showing that acupuncture is effective for various diseases. Less is known about the exact biological mechanisms how acupuncture works. From a Western Medicine point of view, there are several theories to explain how acupuncture works. This paper will explore these theories and discuss which theory/theories is/are most plausible in authors' opinion and why acupuncture is still regarded by many as a supplementary therapy, next to the fundamental science-based Western medicine.

## 1. Objective measurable effects of acupuncture

Acupuncture is based on pricking (puncture) a needle (acus) in and through the skin on specific places (acupuncture points). This leads to different biological reactions in the body, which can be objectively measured. These reactions can be observed on the punctured point, e.g. redness, lowering of the skin resistance, but also distal from the point, for example in nerves and in the brain (Kuo, 2004; Hsieh, 2001). Acupuncture affects all kinds of organ functions, e.g. heart rate, blood pressure, bowel movements, action of the autonomous nervous system, release of hormones in blood and chemical substances in the brain (Nishijo, 1997; Ouyang 2004; Stux, 2001). Thus, puncturing a needle in the skin can have measurable effects on the whole body. Changes locally around the acupoints, in the brain, in the spinal cord and systemically are measurable after acupuncture.

In modern western medicine, animal models are often used to test whether a therapy like acupuncture works, before clinical application. They can give us a clue what the underlying mechanisms are. However, even when the therapy works in an animal model, this does not mean that it will be effective for patients too. It is important to investigate whether these effects of acupuncture also can help the patients. Otherwise, there is only proof that acupuncture works, but does not help. Therefore, studies need to be done in humans. These kind of clinical trials which meet the requirements to be accepted by the modern western medicine are quite difficult and laborious. Furthermore, acupuncture is not simply a pill, but a special form of individualized treatment in which many factors play a role. Adapted forms of clinical trials have shown that acupuncture has a beneficial effect in different diseases: chronic neckpain, chronic (lower) backpain, tennis elbow, osteoarthritis of the knee, myocardial infarction, migraine, tooth pain, nausea and vomiting after an operation, difficult labor and malposition of the foetus (Birch, 2004). In addition, acupuncture helps often to relieve symptoms of chronic diseases. The patient often sleeps better, feels more relaxed, less tired and has more energy, which results in a better quality of life. Even if acupuncture is viewed as abracadabra or placebo, the important thing is that it helps! Still, the pure scientist will wonder how acupuncture works.

## 2. Local mechanotransduction theory

In 1961, the French physician Niboyet wrote in his thesis that acupuncture points have a much lower electrical resistance than the surrounding skin (Niboyet, 1961). Normally, dry skin has a resistance in the order of 200.000 to two million ohms. At acupuncture points this resistance is down to 50.000 ohms (Becker, 1976). In 1977 it was discovered that the distribution of these points with a lower resistance was exactly the same as the localization of the Chinese acupuncture points, whereas the ancient Chinese did not have the techniques to check resistances (Hyvarinen, 1977). Melzack and Katz found no difference in



conductance between acupuncture points and nearby control points in patients with chronic pain (Melzack, 1984). This phenomenon can be explained by the dynamic nature of the acupoints. In a healthy person, resistance of the acupoints is the same as that of non-acupoints. In a chronically sick person, the acupoints transit from the latent phase (healthy tissue) to the passive phase (tender or sensitized tissue) in a predictable sequence and location. The sensitive area of acupoints is getting larger in chronic conditions, which contributes to high electrical conductance and low resistance (Ma, 2005).

Acupuncture inoculates minute intrusive “traumas” or lesions into the tissues, which stimulates many survival mechanisms of the body. A research team demonstrated that manipulation promotes tissue healing by producing biomechanical, vasomotor, and neuromodulatory effects on interstitial connective tissue (Langevin, 2002; Langevin, 2001).

When a needle is inserted into the body tissue, there is mechanistic deformation. In response to this, cells generate cascades of cellular and molecular events, including cytoskeletal reorganization, cell contraction and migration, autocrine release of growth factors, and activation of intracellular signaling pathways and of nuclear binding proteins that promote the transcription of specific genes, leading to changes in the extracellular milieu surrounding needled tissues and finally promotes local healing. These effects may expand to distant connective tissue to spread the healing process with long(er)-term effects (Langevin, 2001; 2006).

Thus, acupuncture needling and its induced lesions activate a self-healing mechanism, including restoring homeostasis, facilitating repair mechanisms such as anti-inflammatory reaction and tissue regeneration, and pain modulation. Mechanical signals produced by simple needle manipulations generate cascades of downstream physiologic healing effects. After the needles are removed, the needle-induced lesions continue to stimulate the body until the lesions heal (Langevin, 2001; Ma, 2007).

### 3. Neurohumoral theory

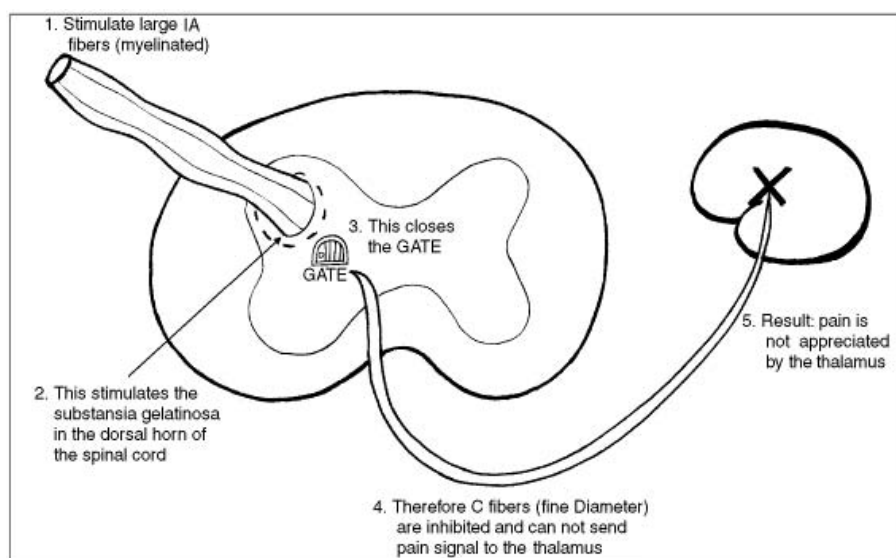
Critics of acupuncture believe that if acupuncture works, it is merely a placebo effect. Several pain studies in human and animals, however, show that this is not true (Vincent, 1986; Pomerantz, 1976; Chan, 1975; Chen, 1980). One study for example, investigated the effect of acupuncture on acute pain. Reduction of pain was accomplished by needling the true acupuncture points, whereas needling in a non-acupuncture point a much weaker effect was observed (Brockhaus, 1990). Another research group found that the analgesic effect of acupuncture could be blocked by naloxon, an opiate antagonist, which implies that the action of acupuncture could be based partly on stimulating the endogenous painkilling substances (Goldstein, 1975; Mayer, 1977). If it is not just a placebo effect, what is really happening in the body then?

In the 1980's the neurohumoral theory was introduced. This is the most well known theory to describe mechanistic actions of acupuncture. According to this theory, the analgesic effect of acupuncture is explained by production of endogenous, painkilling opiate substances, *i.e.* endorphins, enkephalins and dynorphins, and other neurotransmitters, serotonin and

noradrenalin, which are released in the synapses, the connecting points of nerves (Cabyoglu, 2006).

### 4. Gate-control theory

A pain signal is transmitted through the spinal cord to the sensory cortex of the brain, where the pain is perceived (Fig. 1). Pain signals of the skin are transferred to the spinal cord via thin nerves, so-called C-fibers. Stimulation by acupuncture is conducted to the brains by another way than pain. An acupuncture stimulus in skin and muscle is converted to an impulse, which is transmitted along thicker nerves, myelinated A $\delta$  fibers. Therefore, needling an acupuncture point induces a different sensation, *e.g.* warm, heavy, tingling feeling, than a pain stimulus. In addition, these sensations are often accompanied by physical and mental relaxation. The impulse following acupuncture through A $\delta$  fibers causes release of the body's own painkillers. This mechanism is called the ‘Gate-control theory’ of Melzack and Wall (1965). In this theory, a ‘gate keeper’ in the substantia gelatinosa of the spinal cord controls what impulses are let through. Pain signals are transmitted to warn what is happening, but this does not occur continuously. The gate keeper can be warned by acupuncture and stop the pain signal by stimulating production of enkephalines and dynorphines in the spinal cord. The gate keeper is activated and alerted by the extra stimulation of acupuncture needling.



**Figure 1. Gate-control theory.** This theory states that in the nervous system, there exist nerve fibers that both transmit (C-fibers) and inhibit (A $\delta$  fibers) pain. These nerve fibers come together in the spinal cord. Acupuncture stimulates the pain inhibitory nerve fibers, which lowers the pain input and therefore, relieves the pain.

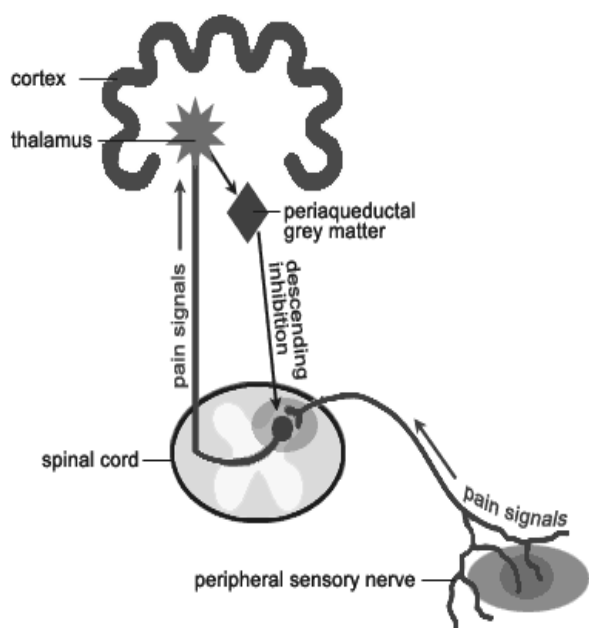
Source:

<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=physmedrchab&part=A10811>

The acupuncture stimulus induces a train of impulses along the A $\delta$  fibers as long as the needle is in place. Secretion of  $\beta$ -endorphin in the blood by the pituitary dampens pain. This hormone spreads through the whole body, resulting in a feeling of comfort and decreased pain sensation. Lower expression of  $\beta$ -endorphin receptors in mice and administration of antibodies to  $\beta$ -endorphin to rabbits, make them less sensitive for the analgesic effects of acupuncture (Peets, 1978; Xie, 1983).

## 5. Postsynaptic inhibition

Next to production of opiates in the spinal cord, acupuncture also affects processes in the brain (Fig. 2). An acupuncture stimulus is conducted to the rafe nuclei in the periaqueductal grey matter, which produce serotonin, accommodated by the presence of enkephalin. Disinhibition of the rafe nuclei induces impulses down to the place in the spinal cord, where the pain signal entered in the first place, and serotonin and noradrenalin are released to dampen the pain stimulus even more. This is called postsynaptic inhibition (Stux, 2000). This principal of negative feedback also occurs in the case of intense pain, *e.g.* loss of extremity during war. The pain impulse stimulates this tract and blocks the pain sensation. In this way, the body protects itself in acute situations of extreme stress and pain, to survive.



**Figure 2. Pain transmission pathways between spinal cord and brain.** In the spinal cord, information on pain is received by cells in the dorsal horn and is passed on to higher centres in the brain along tracts in the spinal cord. It is in the thalamus and cerebral cortex where the appreciation or conscious awareness of pain is to be found. On the other hand, descending pathways from the brain can reduce and even abolish some forms of pain.

Source:

[http://www.ccac.ca/en/CCAC\\_Programs/ETCC/Module10/07.html](http://www.ccac.ca/en/CCAC_Programs/ETCC/Module10/07.html)

Needling ashi points have beneficial effects on the levels of spinal cord and in the brain (mesencephalon, pituitary, hypothalamus), whereas distal acupuncture points affect mainly the brain and induce a more general analgesic effect (Teitelbaum, 2000; Medeiros 2003). Thus, ashi and distal points act synergistically in relieving pain.

## 6. Autonomous nervous system

Besides affecting production and release of neural substances, acupuncture also calms the overactive 'fight-and-flight' sympathetic nervous system and beneficially influences the 'rest-and-digest' parasympathetic nervous system, in stressed animals. Several studies have shown that acupuncture inhibits the sympathetic nervous system and activates the parasympathetic system (Nishijo, 1997; Sugiyama, 1995; Sakai, 2007). The sympathetic nervous system is normally activated during danger and stress, whereas the parasympathetic system

calms the body, *e.g.* lowering the heart frequency, blood pressure, muscle tension, and brain activity. It helps during the phase of recovery. Thus, acupuncture relaxes the body.

Nitric oxide (NO), the smallest neurotransmitter molecule of all, is produced by NO synthetases (NOS). Stimulation of ST-36, Zusanli, with electroacupuncture in a rat results in the release of NOS in the brain (Ma, 2005). A higher concentration of NO in the brain nucleus tractus solitarius, lowers the sympathetic activity in the body and consequently the blood pressure. So, a well-known effect (of many) of ST-36 is lowering blood pressure, which can be explained by production of NO by NOS in the brain. Electroacupuncture of ST36 also induces an analgesic effect in pain experiments in rats, in which the tail is exposed to a heat and the amount of time taken for the animal to flick its tail away from the heat is recorded (Medeiros, 2003).

Also systemically, NO was found to play a role in the mechanism behind the action of acupuncture (Chen, 2006). Acupuncture points in the skin of rats had a higher concentration of noradrenalin, a hormone released during stress, than normal skin and NO stimulated the release of noradrenalin in the acupuncture points. When an NOS inhibitor was administered, NO is not produced and the noradrenalin concentration was reduced.

## 7. Morphogenetic singularity theory

Acupuncture is not only used to relieve pain. It can also regulate, and if needed corrects (bidirectionally), other processes in the body, which are transmitted from acupuncture points through meridians to the internal organs, according to the traditional Chinese medicine theory. Conventional nerve stimulation usually results in a unidirectional effect. For example, parasympathetic vagal stimulation slows down the heart rate and opioids inhibit gut motility. However, acupuncture at PC-6 accelerates bradycardia and decelerates tachycardia. Acupuncture at ST-36 suppresses hyperfunction (as in diarrhea), and stimulates hypofunction (as in constipation) of the gut motility (Li, 1992).

Moreover, the neurohumoral theory does not give an explanation for the localization of acupuncture points and the existence of meridians, as they do not follow the course of the anatomical nervous system. In addition, the ear does not have important nerves connected with the spinal cord; it nevertheless has the highest density in acupuncture points. One study shows that patients suffering from myocardial infarction, which received acupressure at Shenmen point in the ear compared to a sham ear point in the ambulance, felt less anxiety and more positive expectations regarding the recovery (Kober, 2003). Similar effects are observed in heart failure patients, parents before operation of their child and elderly undergoing shock wave crushing of kidney stones (Middlekauff, 2002; Wang, 2004; Mora, 2007). According to the World Health Organization, 43 auricular points have proven of therapeutic value, which make up 10% of the acupuncture points on the whole body (WHO, 1991).

The 'morphogenetic singularity theory' explains these effects of acupuncture (Shang, 1989; Shang, 2001). The basic idea of this theory is that acupuncture points and meridians are remnants of the growth control system, the first physical communication system in an embryo. This growth control system directs the embryonic development, next to the genetic imprinting. As every cell has its own place and function in the growing fetus, communication between cells is essential. Experiments with

cells growing between a positive and negative electrode, have shown that cells mainly grow in the direction of the negative electrode (McCaig, 1987). Even during fertilization, electric waves determine the place where the first cell is divided into two cells. Cells can communicate with each other via gap-junctions (Levin, 2007). During the multiplication of cells, communication between cells is impeded due to the increasing distance between cells. When a critical distance is reached, two groups of cells are formed, which coordinate the cell growth around them. These groups are called organizing centers and determine the differentiation of other cells. They are characterized by more gap-junctions, a lower resistance, more superficial location on the embryo and a more negative charge compared to the other cells. Collagen fibers can transport impulses and form the communicating network between organizing centers.

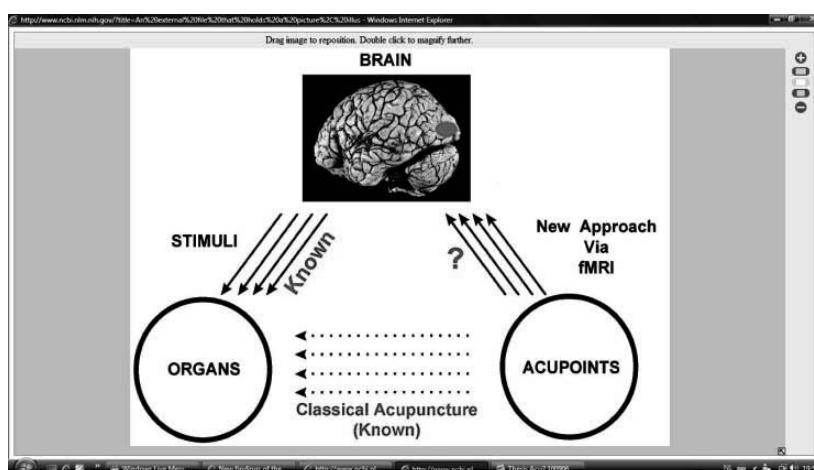
Acupuncture points and organizing centers are similar in several ways, *i.e.* the presence of many gap junctions, a low resistance and a high conducting capacity. According to this theory, acupuncture points originated from organizing centers and are found on similar places on the body. Their network (connecting collagen fibers) is reflected in the meridian system. Many think that meridians are imaginary, abstract lines, but they may be really present (Ahn, 2005). They can become visible by injecting radioactive tracers into acupuncture points (Vernejoul, 1984; Meng, 1989; Kovacs, 1992). In contrast, when injecting the tracers in random non-acupuncture points, only a small area of vague staining around the injected location is observed, and the specific, centrifugal spread along the meridian does not appear. Subsequently, infrared measurements were used to visualize the meridian system (Liu, 1988). Even without experimental interventions, linear rashes can be visible along the course of meridians. An English dermatologist for example, described that he observed red lines on the skin of a patient, with the track of the pericardium and kidney meridian (James, 1993).

Based on the phase gradient model in developmental biology, many organizing centers are at the extreme points of curvature on the body surface such as the locally most convex points or concave points (Goodwin, 1969; Shang, 1989). Similarly, almost all the extreme points of the body surface curvature are acupuncture points; for example, the convex points include EX-UE 11 Shixuan, EX-LE Qiduan, ST-17 Ruzhong, ST-42 Chongyang, ST-45 Lidui, SP-1 Yinbai, SP-10 Xuehai, GV-25 Suliao, and EX-HN3 Yintang. The concave points include CV-17 Danzhong, KI-1 Yongquan, LI-5 Yangxi, LU-5 Chize, LU-7 Lieque, LU-8 Jingqu, LU-10 Yuji, SI-19 Tinggong, TE-21 Ermen, GB-20 Fengchi, GB-30 Huantiao, BL-40 Weizhong, HT-1 Jiquan, SI-18 Quanliao, BL-1 Jingming, CV-8 Shenque, and ST-35 Dubi.

## 8. Visible Evidence

Modern techniques like functional Magnetic Resonance Imaging (fMRI)-scans are developing rapidly. These methods give insight in the effects of acupuncture on the brain. In healthy subjects BL-67, Zhiyin, was stimulated with laser acupuncture (Siedentopf, 2002). The control group received the same treatment, except that the laser light was off; the subject could not see the laser light. One of the functions of BL-67 is to 'make the eyes clear', which is explained by the course of the bladder meridian. fMRI showed that stimulation of BL-67 resulted in a specific activity in the visual area of the brain. In another study, fMRI was applied to examine the effect of

electrostimulation of GB-34, Yanglingchuan, on the brain (Wu, 2002). As controls, no stimulation, electrostimulation on a sham point and minimal stimulation of GB34 were used. Electroacupuncture of GB-34 resulted in a significant higher activity in the hypothalamus, the primary sensory and motor, visual and auditory brain areas, which correspond with the distribution of the gall bladder channel. A new concept was introduced in 1998 in which the brain is seen as the 'missing link' to explain the effects of acupuncture on organs (Fig. 3).



**Figure 3. Relationship between acupoints, brain and organs.** A large amount of experimental data obtained by fMRI demonstrates the effects needling acupuncture points on the brain. In addition, areas in the brain correspond with certain organic functions. Therefore, the concept was arisen that acupuncture stimulation activates functional areas of the brain cortex and thereby influences organic function. Source: Cho, 1998.

These modern imaging techniques indicate that both the morphogenetic singularity theory (course of a meridian) and the neurohumoral theory (action on the brain) are involved in the biological effects of acupuncture.

## 9. Comparison of theories

The mechanotransduction-based theory to explain acupuncture effects is very plausible and most easy to understand in my opinion. Needling and needle-induced lesions are foreign invaders to our body. Inoculation of minute "traumas" or lesions into the body increase the number and the activity of immune cells and control the inflammatory process to restore the mechanisms of self-healing, including autonomic homeostasis, tissue healing, and pain relief. Needling also reduces bodily stress by stimulating the parasympathetic nervous system, thereby relaxing the cardiovascular and muscular systems, and restoring the physiologic and autonomic balance which includes normalizing visceral functions that are impaired during stressful assault. The neurohumoral theory mainly explains analgesic effects of acupuncture via an enhanced secretion of neurochemical substances, *e.g.* endorphins, but does not give a reason for the localization of many acupuncture points, the existence of meridians and their mediating function in regulating internal organs.

The morphogenetic singular theory presumes that acupuncture points and meridians are remnants of the embryonic growth control system and therefore also explains the existence and purpose of meridians. It gives a reason for the bidirectional action of acupuncture points in adjusting bodily processes and

restoring normal function by activating the network of organizing centers in the organism. The activation of the self-organizing activity may induce normal physiological processes. It is therefore less likely to cause the adverse effects resulting from directly antagonizing a pathological process, with the risk of an 'overshoot effect' of the therapy.

There is more scientific proof for the local mechanistic reaction after acupuncture and the neurohumoral theory. An important reason is that the morphogenetic theory is much more difficult to study, because research in developing embryos is burdensome. In my opinion, the major advantage of the morphogenetic theory compared with the neurohumoral theory is that it also explains the regulating effects of acupuncture and the course and function of meridians in the connection between acupuncture points and organs, even without the presence of an anatomic (nerve) structure. Taken together, as with many explanations of phenomena, the combination of theories is most probably closest to the truth, as can be conceived from modern imaging techniques, e.g. fMRI.

## References

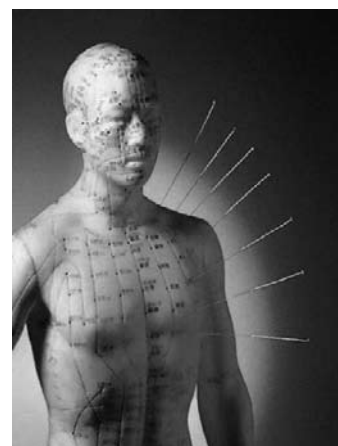
1. Agerwal. (2005). Evaluation of capsaicin ointment at the Korean hand acupressure point KD2 or prevention of post-operative nausea and vomiting. *Anaesthesia*, 1185-8.
2. Ahn. (2005). Electrical impedance along connective tissue planes associated with acupuncture meridians. *BMC Complement Altern Med*, 10.
3. Alkaissi. (2005). P6 acupressure increases tolerance to nauseogenic motion stimulation in women at high risk for PONV. *Can J Anaesth*, 703-9.
4. Ban. (1998). A calcium agonist, Bay k 8644, suppresses the embryotoxic effects induced by dihydropyridines calcium channel blockers in cultured rat embryos. *J Vet Med Sci*, 1067-72.
5. Birch, S. (2004). Clinical research on acupuncture. Part 1. What have reviews of the efficacy and safety of acupuncture told us so far? *J Altern Complement Med*, 468-80.
6. Bowe. (1998). Double standards exist in judging traditional and alternative medicine. *BMJ*, 894.
7. Brockhaus. (1990). Hypalgesic efficacy of acupuncture on experimental pain in men. Comparison of laser acupuncture and needle acupuncture. *Pain*, 181-5.
8. Cabyoglu. (2006). The mechanism of acupuncture and clinical applications. *Int J Neurosci*, 115-25.
9. Chan. (1975). Suppression of polysynaptic reflex by electroacupuncture and a possible underlying presynaptic mechanism in the spinal cord of the cat. *Exp Neurol*, 336-42.
10. Chen. (1980). Electroacupuncture elevates blood cortisol levels in naive horses: Sham treatment has no effect. *Int J Neurosci*, 95-7.
11. Chen. (2006). Nitric oxide modulation of norepinephrine production in acupuncture points. *Life Sci*, 2157-64.
12. Cho. (1998). New findings of the correlation between acupoints and corresponding brain cortices using functional MRI. *Proc Natl Acad Sci*, 2670-2673.
13. Choi (2001). Ultrasonographic observation of intestinal mobility of dogs after acupunctural stimulation on acupoints ST-36 and BI-27. *J Vet Sci*, 2 (3).
14. Chou (2007). Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 478-91. *J Vet Sci*, 2 (3).
15. Chung. (2007). Acupuncture decreases ischemia-induced apoptosis and cell proliferation in dentate gyrus of gerbils. *Neurol Res*, S23-7.
16. Elstein. (2004). On the origins and development of evidence-based medicine and medical decision making. *Inflamm. Res.*, S184-9.
17. Gao. (2006). A preliminary study on the cardioprotection of acupuncture pretreatment in rats with ischemia and reperfusion: involvement of cardiac beta-adrenoreceptors. *J Physiol Sci*, 275-9.
18. Goldstein. (1975). Failure of the opiate antagonist naloxone to modify hypnotic analgesia. *Proc Natl Acad Sci*, 2041-3.
19. Goodwin. (1969). A phase-shift model for the spatial and temporal organization of developing systems. *Journal of Theoretical Biology*, 49-107.
20. Hsieh. (2001). Activation of the hypothalamus characterizes the acupuncture stimulation at the analgesic point in human: a positron emission tomography study. *Neurosci Lett*, 105-8.
21. Huang. (2007). CCK(B) receptor antagonist L365, 260 potentiates the efficacy to and reverses chronic tolerance to electroacupuncture-induced analgesia in mice. *Brain Res Bull*, 447-51.
22. Hyvarinen. (1977). Low-resistance skin points that may coincide with acupuncture loci. *Med Biol*, 55 (2), 88-94.
23. Inoue. (2002). Reproduction of scalp acupuncture therapy on strokes in the model rats, spontaneous hypertensive rats-stroke prone (SHR-SP). *Neurosci Lett*, 191-4.
24. James. (1993). Linear skin rashes and the meridians of acupuncture. *The European Journal of Oriental Medicine*, 42-6.
25. Jang. (2003). Acupuncture suppresses ischemia-induced increase in c-Fos expression and apoptosis in the hippocampal CA1 region in gerbils. *Neurosci Lett*, 5-8.
26. Keppel Hesselink (2008). Met het oog op de naald. Ankh-Hermes B.V. publisher, 81-5.
27. Kestini. (2006). Electrical ear acupuncture reduces histamine-induced itch (alloknesis). *Acta Derm Venereol*, 399-403.
28. Kim. (2001). Acupuncture increases cell proliferation in dentate gyrus after transient global ischemia in gerbils. *Neurosci Lett*, 21-4.
29. Ko. (2002). dDNA microarray analysis of the differential gene expression in the neuropathic pain and electroacupuncture treatment models. *J Biochem Mol Biol*, 420-7.
30. Kober. (2003). Auricular acupressure as a treatment for anxiety in prehospital transport settings. *Anesthesiology*, 1328-32.
31. Kovacs. (1992). Experimental study on radioactive pathways of hypodermically injected technetium-99m. *J Nucl Med*, 403-7.
32. Kuo. (2004). The soreness and numbness effect of acupuncture on skin blood flow. *Am J Chin Med*, 117-129.
33. Langevin. (2001). Mechanical signaling through connective tissue: a mechanism for the therapeutic effect of acupuncture. *FASEB J*, 2275-82.
34. Langevin. (2002). Evidence of Connective Tissue Involvement in Acupuncture. *FASEB J*, 872-4.
35. Langevin. (2006). Subcutaneous tissue fibroblast cytoskeletal remodeling induced by acupuncture: Evidence for a mechanotransduction-based mechanism. *Journal of Cell Physiol*, 767-774.
36. Lee. (2003). Enhancement of electroacupuncture-induced analgesic effect in cholecystokinin-A receptor deficient rats. *Brain Res Bull*, 161-4.
37. Levin. (2007). Gap junctional communication in morphogenesis. *Prog Biophys Mol Biol*, 186-206.
38. Li. (1992). The effect of acupuncture on gastrointestinal function and disorders. *Am J Gastroenterol*, 1372-81.
39. Li. (1998). Reversal of reflex-induced myocardial



- ischemia by median nerve stimulation: a feline model of electroacupuncture. *Circulation*, 1186-94.
40. Liu. (1988). Objective research of propagated sensation along meridian: using infrared photographic change of propagated sensation along meridian in upper extremities. *National Meridian Conference*. Chengdu.
  41. Lo. (2003). Acupuncture and the modulation of cortical excitability. *Neuroreport*, 1229-31.
  42. Ma. (2005). Responses of neuronal nitric oxide synthase expression in the brainstem to electroacupuncture Zusanli (ST 36) in rats. *Brain Res*, 70-7.
  43. Ma. (2007). Biomedical Acupuncture: An Evidence-Based Acupuncture Model. *Medical Acupuncture*, 217-223.
  44. Mayer. (1977). Antagonism of acupuncture analgesia in man by the narcotic antagonist naloxone. *Brain Res*, 196-204.
  45. McCaig. (1987). Spinal neurite regeneration and regrowth in vitro depend on the polarity of an applied electric field. *Development*, 31-41.
  46. Medeiros, D. (2003). Analgesia and c-Fos expression in the periaqueductal gray induced by electroacupuncture at the Zusanli point in rats. *Brain Res*, 196-204.
  47. Melzack, R. (1965). Pain mechanisms: a new theory. *Science*, 150, 171-9.
  48. Melzack, R. (1877). Trigger points and acupuncture points for pain: correlations and implications. *Pain*, 3, 3-23.
  49. Meng. (1989). Radioisotope in y-scintiphographic technique to inspect the twelve meridian transmissions in normal human body. *Acupuncture Research*, S4:1.
  50. Middlekauff. (2002). Acupuncture inhibits sympathetic activation during mental stress in advanced heart failure patients. *J Card Fail*, 399-406.
  51. Mora. (2007). Auricular acupressure as a treatment for anxiety before extracorporeal shock wave lithotripsy in the elderly. *J Urol*, 160-4.
  52. Mukherjee. (2007). The effect of electroacupuncture on spasticity of the wrist joint in chronic stroke survivors. *Arch Phys Med Rehabil*, 159-66.
  53. Niboyet, J. (1961). Etude sur la moindre resistance cutanee a l'electricite des certains points de la peau dits 'points Chinois'. *Bull de la Soc d'Acupuncture*, 39 (16), 19-88.
  54. NIH consensus conference, no authors listed. (1998). NIH consensus conference. Acupuncture. *JAMA*, 1518-24.
  55. Nishijo. (1997). Decreased heart rate by acupuncture stimulation in humans via facilitation of cardiac vagal activity and suppression of cardiac sympathetic nerve. *Neurosci Lett*, 165-8.
  56. Oujang. (2004). Therapeutic roles of acupuncture in functional gastrointestinal disorders. *Alimentary Pharmacology and Therapeutics*, 831-41.
  57. Peets. (1978). CXBX mice deficient in opiate receptors show poor electroacupuncture analgesia. *Nature*, 675-6.
  58. Pomerantz. (1976). Naloxon blocks acupuncture analgesia and causes hyperalgesia: Endorphin is implicated. *Life Sci*, 1757-62.
  59. Sakai. (2007). Specific acupuncture sensation correlates with EEGs and autonomic changes in human subjects. *Auton Neurosci*, 158-69.
  60. Schroder. (2007). Acupuncture treatment improves nerve conduction in peripheral neuropathy. *Eur J Neurol*, 276-81.
  61. Shang. (1989). Singular point, organising center and acupuncture point. *Am J Chin Med*, 119-27.
  62. Shang. (2001). Electrophysiology of growth control and acupuncture. *Life Sci*, 1333-42.
  63. Siedentopf. (2002). Functional magnetic resonance imaging detects activation of the visual association cortex during laser acupuncture of the foot in humans. *Neurosci Lett*, 53-6.
  64. Smith. (2009). Does acupuncture have a place as an adjunct treatment during pregnancy? A review of randomized controlled trials and systematic reviews. *Birth*, 246-53.
  65. Stux. (2000). *Clinical acupuncture, Scientific basis*. Berlin: Springer-Verlag.
  66. Sugiyama. (1995). Transient increase in human muscle sympathetic nerve activity during manual acupuncture. *Jpn J Physiol*, 337-45.
  67. Takaoka. (2007). Electroacupuncture suppresses myostatin gene expression: cell proliferative reaction in mouse skeletal muscle. *Physiol Genomics*, 102-10.
  68. Teitelbaum. (2000). Osteopathic vertebral manipulation and acupuncture treatment using Front Mu And Back Shu points. *Medical Acupuncture*, 36-7.
  69. Thomas, K. (2006). Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain. *BMJ*, 333 (7569), 623.
  70. Vernejoul. (1984). Isotopic approach to the visualization of acupuncture meridians. *Agressologie*, 1107-11.
  71. Vincent. (1986). The evaluation of therapeutic acupuncture: Concepts and methods. *Pain*, 1-13.
  72. Wang. (2004). Parental auricular acupuncture as an adjunct for parental presence during induction of anesthesia. *Anesthesiology*, 1399-1404.
  73. WHO. (1991). *A proposed standard international acupuncture nomenclature: report of a WHO scientific group*. Geneva.
  74. Wu. (2002). Neuronal specificity of acupuncture response: a fMRI study with electroacupuncture. *Neuroimage*, 1028-37.
  75. Xie. (1983). Electroanalgesia blocked by microinjection of anti-beta-endorphin anti-serum into periaqueductal grey of the rabbit. *Int J Neurosci*, 287-91.

### Biography

Man-Chi Wong, born in The Hague, The Netherlands, entered the University of Leiden in 1999 to study biomedical sciences and graduated in 2004. Two years later, she obtained her master's degree in medicine and became a resident Internal Medicine at the St. Antonius hospital in Leidschendam. Her current job as PhD student at the Departments of Endocrinology and Pulmonology of the Leiden University Medical Center is to study the relationship between atherosclerosis and pulmonary emphysema in experimental mouse models. She started the acupuncture course at Shenzhou Open TCM University in 2007.



# TCM Treatment of Infertility by the Combination of Syndrome Differentiation and Disease Diagnosis

Liqin Zhao

Sheffield, UK

**Abstract:** Infertility is a rather common problem in modern society. Especially in recent years infertility has progressively increased, because women are trying to conceive later in life, and use contraceptive pills long term. Environmental and climatic changes and a high pace and stressful life also play a role. TCM has been used to treat infertility for thousands of years, and is still the most effective treatment of infertility, although nowadays some advanced techniques such as IVF are also available. In this article the author summarises the unique TCM treatment protocols according to her 25 years clinical experience. She mainly introduces how to use TCM syndrome differentiation principles combined with Western diagnosis to treat female infertility successfully. She analyses the aetiology and pathogenesis from both the TCM perspective and the Western medicine view; and divides infertility into the following four patterns: Deficiency of spleen qi and kidney yang, accumulation of cold and damp in the uterus; Insufficient kidney yin, together with liver qi stagnation and blood deficiency; Qi and blood deficiency, accumulation of phlegm and damp; Accumulation of damp and heat, blood stasis in the uterus. She also reports some case studies that represent women of different ages and infertility histories.

**Key words:** Traditional Chinese Medicine (TCM); Infertility; Disease diagnosis; Syndrome differentiation and treatment; In-Vitro Fertilisation (IVF); Intrauterine Insemination (IUI); Frozen Embryo Transfer (ET); Premenstrual Tension (PMT)

## 1. Introduction

Around one in six couples have problems conceiving naturally<sup>[1]</sup>, and this is predicted to rise to one in three in Europe over the next decade<sup>[2]</sup>. In western countries, most infertile couples would seek treatment such as ovulation induction, IUI, IVF or ICSI before turning to TCM. However, the average success rate for IVF in the UK is only 29.6% for women aged under 35, and reduced to 0.8% for those aged over 44<sup>[3]</sup>. TCM has been used to treat infertility dated back to 11th Century AD. Using the combination of TCM syndrome differentiation and Western diagnosis to treat infertility could speed up the process of treatment and increase the women's chances of conceiving. I would like to discuss every aspect of infertility with my colleagues.

## 2. What is Infertility?

Infertility means not being able to conceive after regular unprotected sexual intercourse for 2 years in the absence of known reproductive pathology<sup>[4]</sup>. In some countries, reproductive endocrinologist may also consider a couple to be infertile if the couple has not conceived after 12 months of contraceptive-free intercourse if the female is under the age of 34; or the couple has not conceived after 6 months of contraceptive-free intercourse if the female is over the age of 35<sup>[5]</sup>.

There are two types of Infertility: primary infertility and secondary infertility. Primary infertility means that the couple has never been able to conceive, while, on the other hand, secondary infertility is difficulty conceiving

after already having conceived (and either carried the pregnancy to term, or had a miscarriage).

## 3. The Causes of Infertility

### 3.1 TCM Aetiology and Pathogenesis

#### *(1) Deficiency of Spleen Qi and Kidney Yang, Accumulation of Cold and Damp in the Uterus*

Due to a weak constitution of kidney yang, failing to warm up the uterus; or poor diet, over consumption of cold food and dairy products may generate excessive cold and dampness; or over thinking or worry damage heart blood and spleen qi. The spleen qi becomes deficient and fails to transport fluid, which leads to the transformation into dampness. Accumulated cold and dampness obstruct the qi and blood flow in the uterus to cause infertility; or long term intake of oral contraceptive pills suppress the kidney qi, or obsessive dieting for slimming, impair the normal function of spleen and kidney, leading to a deficiency of spleen and kidney and a disharmony of the chong and ren channels. As a consequence, the uterus is unable to get adequate blood supply to cause infertility.

#### *(2) Insufficient Kidney Yin, Liver Qi Stagnation and Blood Deficiency*

Due to a congenital yin deficiency with excessive fire, insufficient kidney essence and blood; or a long term use of contraceptive drugs which damage the kidney essence. Being stressed, anxious and angry about the failure of conception after long term trying, may affect liver qi movement and causes liver qi stagnation, or

working long stressful hours, which consumes essence and blood. All this causes a disharmony of qi and blood, failing to nourish each other between the chong and ren channels, leading to infertility.

### *(3) Qi and Blood Deficiency, Accumulation of Phlegm and Damp*

Obesity, or over consumption of sugary and greasy foods and dairy products; or extreme worry and excessive physical work impair the spleen function. The spleen and stomach are the source of growth and development of qi and blood. Therefore, if the spleen fails to transport fluid and food into useable energy, qi and blood become deficient. Fluid accumulates in the body, which turns to damp and phlegm eventually, blocking the energy and blood flow. The uterus and ovaries are starved of blood, not being able to harvest sperm and causing infertility.

### *(4) Accumulation of Damp and Heat, Blood Stasis in the Uterus*

Poor diet and lifestyle during menstruation, over consumption of deep fried, greasy, and hot or spicy food; or internal impairment by the seven emotions, leading to stagnating qi in the body which after a long time turns into fire; or pathogenic heat or toxin invade the uterus, having a weak constitution after a long term illness, miscarriage, abortion or pelvic surgery, which may cause accumulation of damp and heat and stagnation of blood in the uterus and pelvic area. The ren channel becomes blocked, and leaving no chance for harvesting sperm, therefore no conception can be achieved.

## **3.2 Western Pathogenesis**

There are many biological causes of infertility, and they are often very complicated. They may sometimes interfere with each other, while at other times, there may be a number of causes or coexisting factors. Some of the causes are still not clear or have not been identified. Therefore, it may be difficult to determine the definite cause of infertility for some cases.

However, there are five major causes of female infertility. Obstacle of ovulation and pelvic endometriosis are often the causes of primary infertility, while fallopian tube obstruction, uterine and cervix problems are often the causes of secondary infertility.

### *(1) Ovarian factors*

**Nervous and mental factors:** A woman's dysfunction of the endocrinal sexual axis causes irregular periods, an-ovulation or even amenorrhea. Enduring stress, anxiety and worry, interfere with the sexual axis and restrain ovulation.

**Ovarian disorders:** Acute and chronic ovarian infection, ovarian-endometriosis, ovarian cysts, or ovarian tumours; congenital mal-development of the ovaries, such as polycystic ovary or polycystic ovarian syndrome (PCOS) etc. These can cause declined ovarian function or endocrine disorders. As a consequence, interfere with the hormonal balance causes ovulation problems.

Long-term use of **oral contraceptive pills** may cause

ovarian function disorder. Patients will manifest irregular periods or amenorrhea, high follicle stimulating hormone (FSH) or low AMH, premature ovarian failure (POF), or pre-menopause.

Hyperthyroidism or hypothyroidism, or severe diabetes, may cause ovarian function disorder; or some contagious diseases such as mumps, pulmonary tuberculosis etc. may impair ovarian function and cause infertility.

### *(2) Uterine factors:*

Congenital malformation or mal-development of the uterus, endometritis, endometriosis or uterine fibroids; impaired uterus after miscarriage, labour or abortion, may turn to infection. Congenital mal-development of the cervix, incompetent cervix, narrow cervix, cervix infection or cervix erosion etc. may interfere with the transportation of sperm and implantation of the embryo, and consequently difficulty in conceiving.

### *(3) Fallopian tubes factors*

Recurrent vaginal infection, pelvic inflammatory disease (PID), Chlamydia disease, or endometriosis, or ectopic pregnancy, may damage the wall of the fallopian tubes, causing blockage of the fallopian tubes and adhesion of the pelvis, therefore having no chance of conceiving.

### *(4) Unexplained infertility and immunological infertility*

Further investigation for some unexplained infertile women is necessary sometimes. Immunological tests have found some women produce anti-sperm antibodies and/or natural killer cells (NK cells), which may cause anti-sperm immunological reaction. Sperm agglutinate with each other, losing the ability of penetrating and fertilizing eggs or even die. Therefore, infertility is the potential result.

### *(5) Other factors*

Living environment or climate changes; excessive smoking and /or drinking; age related; after radiotherapy or chemotherapy and stress etc.

## **4. Treatment Based on the Combination of Disease Diagnosis and Syndrome Differentiation**

### **4.1 Deficiency of Spleen Qi and Kidney Yang, Stagnation of Cold and Damp in the Uterus**

**Main Symptoms:** Infertility, scanty period lasting for 2-3 days only, or prolonged periods, sore back and abdominal pain during period, abdominal area is cold to the touch, aversion to cold, frequent urination, loose bowels and watery vaginal discharge. Pale swollen tongue with teeth marks, white and thin coating, or white, slippery and moist coating, deep weak and slow pulses.

**Characteristics of Diagnosis:** This type of infertility is commonly seen. The patients are often introverted and shy, worrying, emotional and depressed. They are often

diagnosed with unexplained infertility or infertility caused by endocrine disorders, such as an-ovulation irregular period, luteal phase defect (LPD) (often manifest spotting or bleeding around or after ovulation, and the luteal phase is shorter than 14 days), or hyperthyroidism. This type can be treated effectively by TCM with a high success rate.

**Treatment Principle:** Strengthen spleen qi and kidney yang, warm up yang qi and remove damp, regulate and tonify the chong and ren channels, expel cold and warm up the uterus.

**Main herbs:** Xianlingpi, Danggui, Shudihuang, Duzhong, Tusizi, Dangshen, Fuling, Baishu, Xuduan, Aiye.

**Main Acupoints:** Needling Pishu (UB20), Shenshu (UB23), Mingmen (Du4), Guanyuan (Ren4), Zusanli (St36) and Taixi (Ki3); Use moxa on Pishu (UB20), Shenshu (UB23), Mingmen (Du4) and Shenque (Ren8).

#### 4.2 Insufficient Kidney Yin, Liver Qi Stagnation with Blood Deficiency

**Main Symptoms:** Infertility, irregular period, bleeding can be heavy or scanty, or even amenorrhea, premenstrual breasts tenderness and headache, depression, irritability, angry, or hectic heat, night sweat, insomnia and fatigue. Red or dark-red tongue with thin coating and less moisture, and wiry-fine-rapid pulses, or deep-fine-rapid pulses.

**Characteristics of Diagnosis:** This type is often seen in women with unexplained infertility, or discontinuing use of contraceptive pills, or POF (with high FSH or low AMH), or immunological infertility. It may accompany with depression, stress or anxiety.

**Treatment Principle:** Nourish kidney yin, tonify blood, soothe liver qi and regulate period.

**Main Herbs:** Shanzhuyu, Shanyao, Mudanpi, Xiangfu, Danggui, Baishao, Shudihuang, Gouqizi, Nuzhenzi, Hanlianciao and Suanzaoren.

**Main Acupoints:** Geshu (UB17), Ganshu (UB18), Shenshu (UB23), Guanyuan (Ren4), Zigong (EX-CA1), Neiguan (Pc6), Hegu (LI4), Xuehai (Sp10), Sanyinjiao (Sp6), Taixi (Ki3), Taichong (Liv3).

#### 4.3 Deficiency of Qi and Blood, Accumulation of Phlegm and Damp

**Main Symptoms:** Infertility, scanty period or prolonged period, or even amenorrhea; or irregular period, absent menstrual bleeding for few months, very heavy bleeding once start menstruate, may last a few weeks or even a few months; obesity, fatigue and sleepy. Pale tongue with white, or white-greasy coating and thread-slippery pulses.

**Characteristics of Diagnosis:** This type is often seen for women with polycystic ovary or PCOS, endocrine disorders and obesity.

**Treatment Principle:** Tonify the qi and nourish the blood, strengthen spleen qi to dry the dampness and resolve the phlegm.

**Main Herbs:** Dangshen, Cangshu, Fuling, Chenpi, Banxia, Danggui, Chuanxiong, Taoren, Zaoci, Yimucao.

**Main Acupoints:** Baihui (Du20), Tianshu (St25), Qihai (Ren6), Guilai (St29), Pishu (UB20), Shenshu (UB23), Zusanli (St36), Fenglong (St38), Sanyinjiao (Sp6).

#### 4.4 Accumulation of Damp and Heat, Blood Stasis in The Uterus

**Main Symptoms:** Infertility, shortened menstrual cycle with heavy bleeding, or impeded menstrual flow, or spotting or flooding, dark purplish blood mixed with blood clots, accompanied with abdominal pain, lower backache, premenstrual breasts tenderness, irritability, anger, dry and bitter mouth, profuse vaginal discharge. Dark-red tongue with black spots on the edge and white or yellow-greasy coating, and wiry or slippery-rapid pulses.

**Characteristics of Diagnosis:** This type is often seen in women with PID, uterine fibroids, endometriosis, blocked fallopian tubes, after ectopic pregnancy, miscarriage or abortion, immunological infertility, etc.

**Treatment Principle:** Nourish kidney essence, clear heat and eliminate damp, motivate blood and resolve blood stasis.

**Main Herbs:** Yinyanghuo, Gouqizi, Yimucao, Xiangfu, Danshen, Chaishao, Rendongteng, Cheqianzi, Yiyiren, Huangbai.

**Main Acupoints:** Yitang (EX-HN3), Quchi (LI11), Hegu (LI4), Xuehai (Sp10), Tianshu (St25), Yinlingquan (Sp9), Diji (Sp8), Guilai (St29), Taichong (Liv3), Sanyinjiao (Sp6).

### 5. Typical Case Studies

#### *Case One – Endometriosis accompanied with ovarian cysts, uterine fibroids and blocked fallopian tube*

**Medical History:** Sophie, 32 year old, charity company manager, had tried to conceive unsuccessfully for 5 years. She always had painful, clotty and heavy periods ever since her first menstruation at age of 17, accompanied by painful intercourse, cold hands and feet. She had 10 years of oral contraceptive pills before trying for a family. Her period became irregular since she came off the pill five years ago. She had laparoscopy in 2002 and was diagnosed with severe endometriosis, together with a blockage in her left fallopian tube, ovarian cysts and uterine fibroids. She was told that there would be no chance for her to conceive naturally. She had to have three operations in two years to remove the misplaced endometrial tissues and ovarian cysts, but it kept recurring in a few months time after the operation. She then had two cycles of IUI, two IVF attempts and one cycle of FET, unfortunately none of them was successful. After her last IVF in 2005, she had another laparoscopy and found that the endometrial tissues had adhered to urine bladder and bowels, had to be operated on again. She was referred to me whilst waiting for next IVF.



**Main Symptoms:** Irregular period with a cycle between 35-49 days, heavy bleeding with clots and severe abdominal pain, aversion of cold, cold hands and feet, lower backache, frequent urination, sluggish, depression, anxiety, insomnia and acne. Dark and red tongue with blood spots on, white and greasy coating, deep and fine pulses.

**Differentiation:** Liver qi stagnation, deficiency of spleen qi and kidney yang, accumulation of cold, damp and blood in the uterus.

**Treatment Principle:** Soothing liver qi to activate blood circulation, dissipate blood stasis and regulate period; warming kidney yang to eliminate pathogenic cold, and strengthening spleen qi to dispel pathogenic dampness.

**Herbal Prescription:** Take Ba Zhen Yi Mu Wan combine Gui Zhi Fu Ling Wan between day 4 to 14; Nuan Gong Yun Zi Wan combine Gui Zhi Fu Ling Wan between day 15 to 25; Tiao Jing Bu Xue Wan or Tong Jing Wan combine Xiao Yao Wan on day 26 until day 3 of next cycle.

**Main Acupoints:** Baihui (Du20), Neiguan (Pc6), Tianshu (St25), Guanyuan (Ren4), Zigong (EX-CA1), Xuehai (Sp10), Zusanli (St36), Sanyinjiao (Sp6), Taichong (Liv3), Shenshu (UB23), Pishu (UB20) and Mingmen (Du4).

Alteration of herbs and acupoints selection was made according to her menstrual cycle and general condition.

After 6 weeks of TCM treatment, her period was regulated to 30 days cycle, mild abdominal pain, less heavy bleeding with fewer small clots, and generally felt much better. She continued TCM treatment for another 5 weeks with moderated herbs and acupoints, she then found to her surprise that she was pregnant on the day which she was expected to start IVF drugs. She had given birth to a healthy baby boy in the summer of 2006, and she is now trying for second child.

#### ***Case Two – Premature ovarian failure accompanied with endometriosis***

**Medical History:** Lucy, 34 years old, store manager, she had an 11 years history of oral contraceptive pill before started trying for a family in 2003. Her menstrual cycle was between 25 to 46 days, and it was always painful with heavy bleeding. She had blood tests in 2005 after trying to conceive unsuccessfully for 2 years, and discovering that she did not ovulate. She then had Clomid for 10 months (two courses) and one cycle of IUI with no success. She had laparoscopy 3 months ago and severe endometriosis was detected with an ovarian cyst. She was then operated on and the misplaced endometrial tissue was removed. Meanwhile she expected that she would be able to start IUI soon, but her period cycle shortened to 19 to 25 days, and her FSH level elevated to 18.6 iu/l, with low oestrogen (oestradiol) level of 78pmol/l. The gynaecological consultant had to postpone her IUI and referred her to me. She was devastated and extremely stressed.

**Main Symptoms:** Depression, stress, anxiety,

premenstrual irritability and restlessness, hectic fever, heavy period bleeding, short menstrual cycle, headache, sluggish. Red tongue with white-thin coating and deep-fine pulses.

**Differentiation:** Insufficient qi and yin, depressed liver qi and blood deficiency, together with blood stasis in the uterus.

**Treatment Principle:** Nourish the yin and tonify the qi, replenish the blood to soften the liver, dissolve the blood stasis to cleanse the uterus.

**Main Patent Herbs:** Use Ba Zhen Yi Mu Wan and Liu Wei Di Huang Wan as principal herbs, combine Ji Wei Xiao Yao Wan, or Xue Fu Zhu Yu Wan.

**Main Acupoints:** Baihui (Du20), Guanyuan (Ren4), Qihai (Ren6), Quchi (LI11), Hegu (LI4), Zusanli (St36), Sanyinjiao (Sp6), Taixi (Ki3), Shenshu (UB23), Geshu (UB17).

Alteration of patent herbs and acupoints were made accordingly as necessary.

Her period cycle was regulated to 27 days with normal blood flow after having been on TCM treatment for 4 weeks. Her day 4 FSH level dropped to 10.2 iu/l and oestradiol was raised to 138pmol/l, which were normal level for this stage of the menstrual cycle. She ovulated on day 14 according to the scan on day 15. She continued acupuncture regularly with taking herbs every day for another 3 months, and successfully conceived naturally. She eventually delivered a healthy baby girl weighing 8lb 3oz in December 2008.

#### ***Case Three – PCOS accompanied with Multiple Sclerosis (MS)***

**Medical History:** Company director Sally, 35 years old, was diagnosed with PCOS and MS in 1998. She always had irregular period, severe PMT, spotting after menstruation and very tired and sluggish. Her husband John, being a business manager, was very busy and stressed, and extremely tired. He has been suffering from severe eczema ever since he was a baby. They had been trying to conceive for 7 years, had gone through two cycles of IUI and one IVF attempt. They had achieved three pregnancies, unfortunately two of which miscarried and one resulting in a child birth in 2004. They wished to have a sibling for their daughter, but they gave up because being afraid of IVF drugs may aggravate her MS condition, and also the frustration of being failed again. Sally visited me through recommendation of her friend, would like to try TCM as a last resort.

**Main Symptoms:** Irregular period with a cycle between 30 to 70 days, scanty, light and watery bleeding, spotting for 10-14 days after period, PMT, fatigue, numb and tingling sensation down to two legs. Pale-red tongue with white-greasy coating, and fine-slippery pulses.

**Differentiation:** Insufficient qi and blood, deficiency of spleen and kidney mixed with liver qi stagnation.

**Treatment Principle:** Nourish the qi and blood, soothe liver qi, and strengthen spleen and kidney.

**Patent Herbs:** Use Wu Ji Bai Feng Wan and Nuan Gong

Yun Zi Wan as principal herbs, combine You Gui Wan or Xiao Yao Wan.

**Main Acupoints:** Baihui (Du20), Yintang (EX-HN3), Neiguan (Pc6), Guanyuan (Ren4), Zigong (EX-CA1), Zusanli (St36), Xuehai (Sp10), Sanyinjiao (Sp6), Taichong (Liv3), Pishu (UB20), Shenshu (UB23).

Modify the patent herbs and acupoints according to her general condition and period state throughout the treatment.

After she had two sessions of acupuncture and some herbal medicine, her first period cycle was 37 days. She still experienced PMT, and the bleeding was light, thin and watery. However, her period turned to 28 days cycle after another month of TCM treatment, with normal blood flow, spotted for 3 days instead of 10-12 days after proper bleeding, no PMT, increased vaginal fertile mucus around day 14 of her cycle. She carried on the treatment for two more months, I could then detect the pregnancy by her changed pulse quality when her period was one week overdue, but she wouldn't do pregnancy test until I asked her for confirmation, as she couldn't face any more disappointment. She was delighted but also anxious the same time, she continued TCM treatment until 16 weeks pregnant. She had a very healthy pregnancy, carried the baby to full term, and delivered a healthy baby boy naturally in November 2007.

#### **Case Four – Secondary infertility with Luteal phase defect (LPD)**

**Medical History:** Fiona, 41 years old prison officer, had given birth to a girl by caesarean section 13 years ago, and had been trying for a second child ever since her daughter turned 2 years old, but had never been successful. She had bled for 3 months during first pregnancy and also heavy bleeding after labour. Her menstrual cycle shortened and had experienced mid-cycle bleeding or spotting since then. She had seen many consultants and had everything investigated were normal, was then diagnosed with unexplained infertility. She then divorced with her husband and had been trying with her partner David for another 5 years with no success. In 2003, David's semen test revealed low motility, which was believed the cause of infertility. Therefore, they went on one IVF attempt in 2004, but failed with implantation. They were frustrated and decided to try TCM treatment.

**Main Symptoms:** Short menstrual cycle, spotting or light bleeding for two to three days after ovulation, and sometimes it continued until period had started, always felt cold, hands and lips turn blue when the weather is cold. Pale tongue with thin-white coating, and deep-slow pulses.

**Differentiation:** Deficiency of spleen qi and kidney yang, disharmony of chong and ren, cold uterus for conception.

**Treatment Principle:** Strengthen spleen qi and kidney yang, harmonize the chong and ren channels, warm up uterus and support conception.

**Herbal Prescription:** Xianmao, Xianlingpi, Danggui, Shudihuang, Shanyao, Shanzhuyu, Aiye, Tusizi, Gouqizi,

Sangjisheng, Xuduan.

Wu Xi Yan Zong Wan and Cong Rong Bu Shen Wan were given to David to improve his sperm count and quality.

**Main Acupoints:** Pishu (UB20), Shenshu (UB23), Mingmen (Du4), Guanyuan (Ren4), Zusanli (St36), Sanyinjiao (Sp6), Taixi (Ki3), Zhaohai (Ki6), Fuli (Ki7).

Meanwhile, I advised both partners stop doing intensive exercise, and keep a restricted healthy diet. After 4 weeks of acupuncture and Chinese herbal tea, her period cycle was regulated to 28 days, had no bleeding or spotting after ovulation. She fell pregnant naturally after receiving TCM treatment for another month. She continued treatment until 14 weeks pregnant, and had no bleeding at all during pregnancy, and delivered a beautiful girl in 2004. She recovered incredibly well from labour, and subsequently she went on to have another pregnancy at the age of 43, and now has three healthy children.

## **6. Conclusion**

Infertility is not only getting more and more common nowadays, but also much more complicated. Since women are trying to conceive later, taking the contraceptive pill as a common solution for stopping unexpected conception happening, consequently interfering with their endocrine function, and causing infertility later on in their life when they want a family. They only realize that age may be the factor of infertility when they failed with natural conception after some years of trying, and then seeking for a quick solution such as IVF or IUI. They eventually turn to TCM as a last resort after failing with everything else. Therefore, their condition could be rather complex and they are often extremely stressed with their situation. However, TCM has demonstrated that it can help these women conceive with or without assisted fertility treatment.

Here I summarise the most important points of infertility treatment according to my experience:

- 1) There are numerous factors that may cause Infertility. To be able to treat infertility effectively, it is crucial to determine the primary causes of infertility. The most common causes are: spleen qi and kidney yang deficiency; liver qi stagnation and blood deficiency; accumulation of phlegm and damp and blood stasis.
- 2) The key treatment principle of TCM for infertility is: strengthen spleen qi and kidney yang; remove phlegm and dampness; nourish the yin and replenish the blood; soothe liver qi, activate blood flow and dissolve blood stasis.
- 3) Western diagnosis may be a great complement of TCM treatment. However, we should not be rigidly adhered to western diagnosis during our clinical practice.
- 4) Most women with infertility are stressed and anxious due to the frustration of failure of conception. Therefore relaxation is essential for supporting patients, and acupuncture is often effective.

5) It is crucial to check the male partner's sperm count and quality while treating the female partner, TCM treatment should be given to the men when as necessary to increase the women's chances of conception.

## References

[1] <http://www.wellbeingofwomen.org.uk>.

[2] Christine Fadhley (Nov. 2009). How Acupuncture Can Help With Fertility Problems.

<http://fertility-treatment-types.suite101.com>.

[3] <http://www.hfea.gov.uk/en/406.html>.

[4] Shen G and Huang K (1999), Treating Infertility with the Combination of TCM and Western Medicine. Beijing: Scientific and Technical Documents Publishing House.

[5] <http://www.americanpregnancy.org/womenshealth>.

# 中医辨证与辨病相结合治疗不孕症

赵丽琴

Sheffield, UK

**摘要:** 不孕不育症是现代社会非常普遍的一个问题，特别是近些年来因为妇女要孩子的年龄越来越大，长期服用避孕药，或因生活节奏快，工作紧张压力大，以及生活环境及气候的改变等，导致不孕不育症发病率持续增长。中医治疗不孕不育症有千年历史，尽管现在有先进的治疗方法，像人工授精，子宫内胚胎移植术等，但中医仍不失为最有效的方法之一。笔者根据所读中医文献及本人二十五年的中医临床经验，总结出了一套独特的中医治疗不孕不育症的治疗方案。本文主要介绍如何运用以中医理论辨证为主，结合西医之辨病而有效地治疗女性不孕不育症。作者分析讨论了不孕不育症的中医病因病理和西医发病机理，将其分为四大类型：脾肾阳虚，寒湿阻滞；肾阴不足，肝郁血虚；气血亏虚，痰湿不化；湿热内蕴，瘀阻胞宫。并总结报告了四个不同年龄和不同病情的典型病例。

**关键词:** 传统中医；不孕不育症；辨病；辨证施治；子宫内人工授精；人工授精-胚胎移植；冷冻胚胎移植；经前紧张症。

## 1. 前言

据最新统计，大约有 1/6 的育龄夫妇患有不孕不育症<sup>[1]</sup>，而且专家学者估计在十年内欧洲国家此数值将升至 1/3<sup>[2]</sup>。在西方国家大部分不孕不育夫妇首先考虑的治疗方法是药物促排卵法，子宫内人工授精术（IUI）或人工授精-胚胎移植术（IVF）等，但这些方法的成功受孕率尚很低。据资料报导，在英国 35 岁以下妇女采用人工授精-胚胎移植术成功怀孕率平均只有 29.6%，且随着年龄的增长而迅速递减<sup>[3]</sup>。自公元 11 世纪始就有中医治疗不孕不育症的记载，一直沿用至今。本人运用中医辨证理论结合西医之辨病治疗不孕症，有效地加速了治疗进展，并明显地提高了妇女的受孕几率。在此笔者愿与各位同仁一起从多方面探讨中医治疗不孕不育症的体会。

## 2. 不孕症的概念

凡结婚后同居两年以上的育龄夫妇，性生活正常又未避孕而不能受孕者，称为不孕症<sup>[4]</sup>。有些国家一些生殖学和内分泌学专家将此期限缩短，定义不孕症为若女方 34 岁以下，夫妇同居 12 月，性生活正常又未避孕而不能受孕者；或是女方 35 岁以上，夫妇同居 6 月，性生活正常又未

避孕而不能受孕者<sup>[5]</sup>。

更确切地讲，根据发病过程或不孕史可将不孕症分为原发性和继发性两种。育龄夫妇婚后或同居后从未能受孕者为原发性不孕症；曾有过妊娠，并生下小孩；或虽有过妊娠，但均已流产，早产或死胎，近 2 年希望生育而不能受孕者为继发性不孕症。

## 3. 不孕症的发病机理

### 3.1 中医病因病机

#### （1）脾肾阳虚，寒湿阻滞：

多由素禀肾气不足，加之饮食不节，过食生冷 奶酪制品，致寒湿内生；或思虑过度，劳心伤脾，脾虚湿盛，阻滞胞宫而不孕；或久服避孕药，肾气抑郁；或为保持身材而节食过度，脾肾受损，致肾虚脾弱，冲任不调，胞宫失养而不孕。

#### （2）肾阴不足，肝郁血虚：

素体阴虚火旺，精血不足；或长期服用避孕药，损伤肾精；加之久婚未孕，精神压力大，忧思恼怒，肝气郁结，疏泄失常；或因工作紧张忙碌，精血暗耗，致气血不和，冲任不能相资，以致不孕。

### (3) 气血不足,痰湿内阻:

素体肥胖,或过食甘甜油腻及奶制品,或忧思过度,劳倦伤脾,脾失健运,气血化源不足,津液不布,痰湿内生,阻滞气机,胞脉失养,难以摄精成孕。

### (4) 湿热内蕴,瘀阻胞宫:

经期摄生不慎,贪食煎炸油腻及辛辣之物;或七情内伤,郁而化火;或机体正虚,邪毒乘虚入侵胞宫,致湿热蕴结,瘀血内停,胞脉阻滞,任脉不通,不能摄精成孕。

## 3.2 西医病因学

不孕不育症的发病原因很多且较复杂,有时互相交叉,有时可能几个病因或因素同时存在而呈多源性,还有的至今原因不明,因此查明确切的病因并非易事。但女性不孕症发病原因主要有五种:卵巢,输卵管,宫颈及子宫病变和自身免疫性因素。原发性以排卵障碍及盆腔子宫内膜异位症较多见,继发性则以输卵管阻塞,子宫及宫颈因素较常见<sup>[4]</sup>。

**(1) 卵巢性不孕:** 卵巢因素是女性不孕中较为常见的病因。

- 神经精神性因素: 女性性腺轴功能紊乱,引起卵巢功能失调,月经失调,无排卵性月经或闭经等。精神因素如过度紧张,焦虑忧伤等,影响性腺轴而抑制排卵。

- 卵巢疾病: 急慢性卵巢炎症,卵巢子宫内膜异位症,卵巢囊肿,或卵巢肿瘤;先天性卵巢发育异常,如卵巢发育不良,多囊卵巢或多囊卵巢综合征等引起卵巢功能低下或卵巢内分泌功能障碍。因此而影响激素平衡,导致排卵障碍。

- 长期服用避孕药引起卵巢功能紊乱,导致月经失调或闭经,高促卵泡成熟素或卵巢早衰或更年期提前。

- 全身性疾病: 甲状腺机能亢进或低下,重症糖尿病等引起卵巢功能紊乱;急性慢性传染病如腮腺炎,肺结核等损伤卵巢,引起暂时性或永久性不孕。

### (2) 子宫性不孕:

- 先天性子宫畸形或发育不全,如特纳综合征;
- 子宫内膜炎,子宫内膜异位症或子宫肌瘤;
- 流产,分娩或刮宫后损伤子宫,引起感染;
- 先天性宫颈发育不良,宫颈内口松弛,宫颈狭窄,宫颈炎或宫颈糜烂等影响精子输送和摄精卵着床。

**(3) 输卵管性不孕:** 输卵管因素是引起不孕症的重要原因之一。

- 生殖道急性慢性炎症感染;
- 盆腔炎或子宫内膜异位症等反复发作;或宫外孕等损伤和破坏输卵管上皮,导致输卵管阻塞及盆腔粘连而不孕。

**(4) 原因不明性不孕及免疫性不孕:** 对部分原因不明的不孕妇女进行免疫学检查,发现部分人的血清和/或宫颈粘液内存在有抗精子抗体,产生同种异体抗精子免疫反应,引起精子互相凝集,丧失活力或死亡;有的血清中还存在有对自身

卵子透明抗体样物质,阻碍精子穿透卵子和摄精,引起自身免疫反应而致不孕不育。

### (5) 其它因素:

嗜烟酒;年龄;放疗或化疗后;或精神紧张,压力过大等。

## 4. 辨病结合辨证施治

### 4.1 脾肾阳虚,寒湿阻滞

**主症:** 多年不孕,月经量少,持续仅2-3天,或经期延后,经行期间腰酸腹痛,或小腹冰凉,畏寒肢冷,尿频数,便溏,带下清稀。舌淡体胖或有齿痕,苔白或白滑多津,脉多沉迟乏力。

**诊断特点:** 此型较常见,病人多性格内向,孤僻少言,多愁善感,忧郁不乐。多见于西医之无因性不孕或内分泌失调所致不孕,如无排卵性月经失调,黄体功能不全(多有排卵期或排卵后不规则出血,黄体期短于14天),或甲状腺机能低下者。

此型单纯用针灸中药治疗效佳,成功受孕率很高。

**治疗:** 温补肾阳,健脾除湿,调补冲任,散寒暖宫。

**常用药:** 仙灵脾,当归,熟地,杜仲,菟丝子,党参,茯苓,白术,续断,艾叶。

**常用穴位:** 针脾俞,肾俞,命门,关元,百会,足三里,太溪;艾灸脾俞,肾俞,命门及神阙。

### 4.2 肾阴不足,肝郁血虚

**主症:** 不孕,月经先后不定期,量或多或少,甚至闭经,经前乳胀头痛,精神忧郁,烦躁易怒,或有潮热盗汗,睡眠差,易疲倦。舌红或暗红,苔少乏津,脉弦细数或沉细数。

**诊断特点:** 此型多见于西医之高泌乳素血症,免疫性不孕者,长期服用避孕药者或卵巢早衰者(促卵泡成熟素升高)。常伴有精神忧郁症,或紧张焦虑症。

**治疗:** 滋肾养血,疏肝调经。

**常用药:** 山萸肉,山药,丹皮,香附,当归,白芍,生地,枸杞子,女贞子,旱莲草,酸枣仁。

**常用穴位:** 膈俞,肝俞,肾俞,关元,子宫,内关,合谷,血海,三阴交,太溪,太冲。

### 4.3 气血不足,痰湿内阻

**主症:** 多年不孕,经行量少或延期,甚至闭经,或月经不调,数月不行,行则量多,持续数周甚至数月,形体肥胖,神疲嗜睡,头昏不清。舌淡,苔白或白滑腻,脉濡细而滑。

**诊断特点:** 此型多见于卵巢囊肿,多囊卵巢或多囊卵巢综合征,内分泌功能紊乱者及肥胖病人。

**治疗:** 补益气血,健脾燥湿化痰。

**常用药:** 党参,苍术,茯苓,陈皮,半夏,当归,川芎,桃仁,皂刺,益母草。



**常用穴位:** 百会, 天枢, 气海, 归来, 脾俞, 肾俞, 足三里, 丰隆, 三阴交。

#### 4.4 湿热内蕴, 瘀阻胞宫

**主症:** 不孕, 月经先期量多, 或经行不畅, 或崩漏下血, 经血紫暗有瘀块, 伴腰腹疼痛, 经前乳胀, 心烦易怒, 五心烦热, 口干口苦, 带下量多。舌暗红有瘀斑, 苔白或黄厚腻, 脉弦或滑数。

**诊断特点:** 此型多见于慢性盆腔炎, 子宫肌瘤, 子宫内膜移位症, 输卵管阻塞, 免疫性不孕(抗精子抗体阳性或/和巨噬细胞阳性)及宫外孕, 流产或人流术后。

**治疗:** 益肾养精, 清热利湿, 活血化瘀。

**常用:** 淫羊藿, 枸杞子, 益母草, 香附, 丹参, 赤芍, 忍冬藤, 车前子, 薏苡仁, 黄柏。

**常用穴位:** 印堂, 曲池, 合谷, 归来, 血海, 天枢, 阴陵泉, 地机, 太冲, 三阴交。

### 5. 典型病例

**病例一:** 子宫内膜异位症伴卵巢囊肿, 子宫肌瘤及输卵管阻塞

Sophie, 32岁, 福利院经理。

**病史:** 不孕5年, 自17岁初潮即有痛经, 月经量多, 夹有许多瘀血块, 伴有性交痛, 畏寒肢冷。曾服避孕药10年以减少月经量, 缓解痛经症状。5年前停服避孕药后出现月经不调, 且痛经又作。曾于2002年做腹腔镜检查诊断为严重子宫内膜异位症, 且伴有左输卵管堵塞, 卵巢囊肿及子宫肌瘤, 被告知不可能自然怀孕。两年内曾做了三次手术切除异位之子宫内膜和卵巢囊肿, 但术后2-3月即又复发。曾在不孕不育症专科医院做过两次子宫内人工授精(IUI), 两次人工授精-胚胎移植(IVF)和一次冷冻胚胎移植(FER), 但均未成功。2005年最后一次IVF治疗失败后又做子宫镜检查, 发现子宫内膜异位症更加严重, 且与其膀胱及结肠粘连, 不得不再次做子宫内膜剥离手术, 之后被介绍到本诊所做中医治疗。

**主症:** 月经不调, 周期在35-49天之间, 经血量多, 夹瘀血块, 痛经甚, 畏寒肢冷, 腰痛, 尿频数, 疲倦乏力, 精神抑郁, 焦虑不安, 失眠, 面部痤疮明显。舌暗红有瘀点, 苔白腻, 脉沉细。

**辨证:** 肝郁脾肾两虚, 寒湿瘀阻胞宫

**治则:** 疏肝调经, 活血化瘀, 温阳散寒, 健脾祛湿

**中药:** 经期4日至14日服八珍益母丸配桂枝茯苓丸; 经期15日至25日服暖宫孕子丸或肉苁蓉丸配桂枝茯苓丸。经期26日至下次经行3日, 服调经补血丸或痛经丸配逍遥丸

**针灸取穴:** 百会, 内关, 天枢, 关元, 子宫, 血海, 足三里, 三阴交, 太冲, 肾俞, 脾俞, 命门。

同时根据月经周期之不同阶段及病情变化随时调方取穴。

经中药针灸治疗6周, 月经周期调至30天, 经血量正常, 仅有少许小瘀血块, 精神明显好转。调方后继续治疗五周, 当其准备再做IVF治疗时, 惊喜地发现已成功自然怀孕, 并于2006年夏天足月顺产一健康男婴。

**病例二:** 卵巢早衰合并子宫内膜异位症及卵巢囊肿

Lucy, 34岁, 商场经理。

**病史:** 自15岁初潮即患月经不调, 周期在25到46天之间, 且痛经甚, 经血量多。19岁始服避孕药直到30岁, 四年前停服避孕药, 欲自然怀孕却未果。曾于2006年做血化验证实无排卵, 之后服十个月的克罗米芬(两个疗程), 并做一次子宫内人工授精, 但均未成功。三个月前子宫镜查出有严重子宫内膜异位症及左卵巢囊肿, 诊为导致不孕的原因, 于是手术切除异位之子宫内膜, 期望能尽快再做人工授精助孕。但术后其月经周期缩短为19至25天, 且月经第二天的促卵泡成熟素(FSH)升高至18.6 iu/l, 雌二醇(E2)降低为78 pmol/l, 被诊为卵巢早衰, 医院告知无法做人工授精, 随就诊于我。

**主症:** 精神忧郁, 焦虑紧张, 经前烦躁不安, 时潮热, 月经量多, 周期短, 头痛时作, 易疲倦, 舌红, 苔少, 脉沉细。

**辨证:** 气阴不足, 肝郁血虚, 瘀阻胞宫。

**治则:** 补阴益气, 养血柔肝, 化瘀清宫。

**中药:** 八珍益母丸合六味地黄丸为主, 选配加味逍遥丸, 血府逐瘀丸。

**针灸:** 百会, 关元, 气海, 曲池, 合谷, 足三里, 三阴交, 太溪, 肾俞。

并根据病人月经周期及病情变化随时调方用药。

经过四周的针灸和中药治疗, 月经周期恢复到27天, 经血量正常, 经行四日之FSH降至10.2 iu/l, 雌二醇升至138 pmol/l, 均在正常值范围内, 且超声检查证实有排卵。调方继续治疗三个月而成功自然怀孕。孕期健康, 足月顺产一健康女婴重8lb3oz, 现已一岁十个月。

**病例三:** 多囊卵巢综合征伴多发性硬化症

Sally, 35岁, 公司董事长。

**病史:** 1998年被诊为多囊卵巢综合征及多发性硬化症。月经周期紊乱, 经血量少质稀, 经后有出血。其丈夫为公司经理, 工作紧张忙碌, 疲倦甚, 且自幼患严重湿疹。夫妇试孕七年, 曾做过两次人工授精和一次子宫内胚胎移植并成功受孕, 但两次均不幸流产, 一次于2004年足月剖腹产一女儿。盼望再生一子, 但惧怕IVF药物加重其多发性硬化症病情, 以及治疗失败的精神打击而放弃。经朋友介绍, 前来就诊。

**主症:** 月经紊乱, 周期在30至70天之间, 经量少, 质稀淡

如水, 经前情绪低落, 烦躁易怒, 经后持续点滴出血 10-14 天, 疲倦乏力, 双下肢刺痛麻木。舌淡红, 苔白腻, 脉濡细。

**辨证:** 气血不足, 脾肾两虚夹肝郁

**治则:** 益气养血, 疏肝健脾补肾

**中药:** 以乌鸡白凤丸合暖宫孕子丸为主, 选配右归丸, 逍遥丸

**针灸:** 百会, 印堂, 内关, 关元, 气海, 子宫, 足三里, 三阴交, 太冲, 肾俞, 脾俞

同时根据病情变化及月经周期不同阶段, 随时调方。

经中药针灸治疗两周后, 第一次月经周期为 37 天, 但经量仍稀少。继续治疗一月, 月经周期调至 28 天, 经前无烦躁, 且经量增多, 经期第 14 天左右阴道有蛋清样分泌物, 经后点滴出血缩短为 3 天。守方再治两月而自然怀孕, 孕期以健脾补肾安胎为主, 继续治疗至孕 16 周, 健康无恙, 于 2007 年 11 月足月顺产一健康男婴。

#### 病例四: 继发性不孕症-黄体功能不全

Kathryn, 41 岁, 监狱长官。

**病史:** 13 年前自然怀孕剖腹产一女, 自女儿两岁后试孕多年再未成功。怀孕女儿期间曾持续出血三月, 且产后出血多, 月经周期缩短, 排卵后阴道有点滴出血。曾看多位妇科医生并全面检查未发现异常, 被告知属无因性不孕。之后因故与其前夫离婚, 继续与新男友 David 试孕 5 年余均失败。于 2003 年查出其男友之精子活动率低, 被诊为不孕之原因。随做人工授精-胚胎移植治疗, 但仍以失败告终。2004 年 1 月求诊于我, 欲尝试中药针灸治疗。

**主症:** 月经周期短, 且排卵后阴道不规则出血 2-3 天, 有时甚至持续至月经来潮。畏寒肢冷, 遇寒口唇手指发青, 形体消瘦, 酷爱运动, 舌淡, 苔薄白, 脉沉迟。

**辨证:** 脾肾两虚, 冲任不调, 宫寒不孕

**治则:** 健脾补肾, 调冲任, 暖宫助孕

**中药:** 仙茅, 仙灵脾, 当归, 熟地, 山药, 山茱萸, 艾叶, 菟丝子, 枸杞子, 桑寄生, 川断, 杜仲为基本方, 水煎服, 日一剂。并根据情随时调方。

**针灸:** 脾俞, 肾俞, 命门, 关元, 归来, 足三里, 三阴交, 太溪, 照海, 复留, 每周一次。

并嘱其停止剧烈运动, 同时给其男友服五子衍宗丸及苁蓉补肾丸之类以提高其精子数量和质量。

随症加减治疗四周, 月经周期恢复至 28 天, 排卵后出血消失, 再治四周而自然怀孕。孕期前三月每周针灸一次, 并配服中成药补肾安胎。孕期健康, 无任何出血, 胎儿发育一切正常, 于 2004 年 12 月足月顺产一健康女婴。一年后再次自然怀孕, 并于 43 岁时又生一漂亮女儿, 现为三位千金之母, 自豪不已。

## 6. 总结

不孕症现在不仅越来越普遍, 而且越来越复杂。因为现代很多妇女推迟要孩子的年龄, 服用避孕药成了常用的避孕措施。久服此药便影响其内分泌功能, 导致体内激素水平紊乱而不孕。当其试孕多年失败后, 方意识到可能与年龄有关, 随寻求速孕之法如子宫内人工授精术, 或人工授精-子宫内胚胎移植术之类。最终, 当所有可试之法均失败后, 欲以我中医一试。故此, 其病情多复杂, 且常有紧张焦虑。中医证明不仅可助其成功自然怀孕, 必要时尚可结合其它辅助疗法促孕。

在此根据本人临床经验, 总结概略出治疗不孕症的几个要点:

- 1) 不孕症的病因有很多, 为了能够准确有效地治疗不孕症, 最重要的是要找出其病根-病之本。其常见原因有脾肾两虚, 肝郁血虚, 痰湿内蕴及瘀阻胞宫。
- 2) 治疗不孕症的关键原则是: 健脾补肾, 化痰祛湿, 养阴补血, 疏肝活血化瘀。
- 3) 尽管西医诊断可以辅助中医治疗不孕症, 但临床上切不可拘泥于西医诊断。
- 4) 大部分不孕症妇女都因不能怀孕而烦恼, 紧张焦虑。因此帮助病人精神放松很有必要, 而针灸是一种非常有效的治疗方法。
- 5) 治疗女方同时, 一定要查其丈夫之精子数量和质量, 必要时男方也应接受中医治疗, 以提高女方怀孕几率。
- 6) 因多年不孕, 久试它法, 大剂量激素类药物多有伤肾。故一旦怀孕, 必补肾养血安胎, 预防流产。

## 参考文献

(见英文稿)



## A Useful Technique to Strengthen Acupuncture Effect — “Shaoshanhua” & “Toutianliang”

“Shaoshanhua” — the Fire is produced like burning on the mountain;  
“Toutianliang” — the Cool is produced like penetrating up into the Heaven.

Dan Jiang, TCM consultant MMedSci, FATCM, MBACc

I attended a seminar a few weeks ago on an interesting subject: ---- special acupuncture techniques: Shaoshanhua & Toutianliang (Shao & Tou in short) which was given by an acupuncture expert, Mr Yonghua Shan who was invited by Prof Ye Zhang from Shanghai University of TCM in China. I heard about Shao & Tou and knew that they are unique acupuncture techniques from ancient acupuncturists in China. If you know how to do it well, you can make a miracle clinical result. I wanted to learn this technique for ages, so I went to attend this seminar.

Mr Shan talked very well on Shaoshanhua & Toutianliang from their theoretic source in classical literatures of acupuncture, manipulating method and clinical adaptations. After studying the technique of Shao & Tou and practicing them in my clinic, I recognize they are really wonderful techniques which are able to show a stronger effect than ordinary acupuncture. So I would like to share my knowledge and clinical experience with my colleagues here.

When practicing in the UK, we know that more Western patients here trust and accept acupuncture rather than herbal medicine. Especially in last a few of years, some prejudice on herbs may have influenced patients. So we have to pay more attention to a good acupuncture technique and make a stronger treating power to get the best effect, even cure the disease for the patients who accept only acupuncture, but don't or can't accept herbal medicine; or though they have accepted both acupuncture and herbal medicine, we can't still get a good enough effect to treat his or her disease or clinical condition due to the limited treatment frequencies here which can be afforded by the patients in the private clinic. Shao & Tou indeed are special acupuncture techniques with a good and strong treating power and effect.

Shaoshanhua and Toutianliang as special acupuncture techniques were explained in many classical literatures: such as <Simple Question in Emperor Classical of Internal Medicine 黄帝内经, 素问>, <Rhymed Prose on Gold Needles --- 金针赋>, <Highlights of Acupuncture 针灸大成>, <Questions and Answers on Acupuncture 针灸问答>, <Compendium of Acupuncture 针灸聚英> and so on.

“Shaoshanhua” (烧山火) means the fire is produced like it burning on the mountain; it is an exaggerative explanation on the warming effect produced from a special acupuncture technique.

“Toutianliang” (透天凉) means the cool is produced like staying in the Heaven; it also is an

exaggerative explanation on the cooling effect produced from a special acupuncture technique.

### 1. Manipulation and its key points of Shaoshanhua and Toutianliang

Initially, you should use your left hand (if you manipulate needles with your right hand) to find and press the point which you elect to manage the special technique on, then you manage your right hand following the steps at the table as below (seeing next page).

Notices while you are manipulating:

- 1) The point which is elected should lie at a thick muscle. Try not applying to points on the face, head, trunk or the superficial parts of extremities.
- 2) During the manipulation, you should keep an intensive eye on the patient. If he or she suddenly feels generally hot, sweaty, nauseous, or faint, you should terminate the manipulation immediately.
- 3) All of manipulations should go further on after you get the feeling of Qi (Deqi);
- 4) After a course of manipulation, the needle should remain for 15-20 min. When the needle remains after a Toutianliang is manipulated, you can intermittently scratch and shake the handle of needle to strengthen the effect.
- 5) During the manipulation, the practitioner should keep concentrating on the needle. (The mind is held, 意守)

### 2. Clinical adaptations of Shaoshanhua and Toutianliang

Shaoshanhua: it is a stronger warming and reinforcing technique of acupuncture which is adapted to these conditions:

- 1) Severe external and internal coldness;
- 2) Deficiency of the Vitality Gate (Mingmen) and the Original Qi;
- 3) Severe deficiency of Organs and Meridian.

Toutianliang: it is a stronger technique of clearing the Heat which is adapted to these conditions:

- 1) Excessive Heat pattern;
- 2) The Heat in the Organs and Meridians;
- 3) Wind-stroke, Summer-stroke, Hay fever and mental disorder.

Manipulation:	Shaoshanhua:	Toutianliang:
The method of the needle penetrating in	The needle penetrates at three levels (Superficial, middle and deep) from the exterior to the interior respectively at the point.	The needle penetrates at three levels (deep, middle and superficial) from the interior to the exterior respectively at the point.
The penetration of needle is related to the breathing of the patient	The needle penetrates to the superficial level when patient is breathing out.	The needle penetrates directly to the deep level when patient is breathing in.
The direction of needle's twisting	After you get the feeling of Qi (Deqi), you twist the needle with a forward direction of your thumb.	After you get the feeling of Qi (Deqi), you twist the needle with a backward direction of your thumb.
The times of needle's twisting	Nine times of needle's twisting at each level	Six times of needle's twisting at each level
The method of manipulation	The needle is put in from the exterior to the interior divided at three levels for three time; and out for also three times.	The needle is put in from the interior to the exterior divided at three levels for three times, and out for also three times.
The principle of manipulation	Quickly and heavily insert the needle into each level; and slowly and lightly lift it up.	Slowly and lightly insert the needle into each level and quickly and heavily lift it up.
Reaction of the patient	After Deqi, patient should feel warm around the point. This sensation may radiate along the meridian	After Deqi, patient should feel cool around of the point. This sensation may radiate along the meridian
The time of the needle's withdrawing	Withdraw the needle while patient is breathing in and press the hole immediately.	Withdraw the needle while patient is breathing out, without the hole being pressed.

### 3 Case studies:

The Cases who are given "Shaoshanhua" and his /her reaction:

#### Case 1: Motor Neuron Syndrome

Mr D H is 62 year old IT engineer who has been diagnosed with Motor Neuron Syndrome (MNS) for more than 3 years. He has paralysis and atrophy of one arm, which gradually developed in both arms, and then developed in the two legs. He displays paralysis and atrophy at the four limbs at present with a weaker than three degree of myodynamia and has to stay in the wheelchair all the time. Neurologists gave him a respiratory machine to promote his oxygen exchange during the night for preventing a breathing failure while he is sleeping.

The identification of patterns in TCM in his case is the exhaustion of the Original Yang and Qi in the Vitality Gate, accumulated dampness and stasis of blood.

He has regular weekly acupuncture and herbal medicine for strengthening muscle and bone; reinforcing the Spleen and the Kidney and warming the Vitality Gate and Yang Qi for over a year. The speed of the disease's progression has been reducing and his organs have been protected which all of them are maintained in a good function. All of his life signs showed a good condition.

The regular acupuncture for him is:

**Scalp acupuncture:** relevant areas of Motor district, Motor-sensation area at feet

#### Body acupuncture:

Fengchi (Gb20)      Futu (St32)      Zusanli (St36)  
 Qimen (Sp11)      Taiyuan (Lu9)      Sanyinjiao (Sp6)  
 Rangu ( Ki 10)      Zhaohai (Ki6)      Taixi (Ki3)  
 Quchi (Li11)      Hegu (Li4)      Lieque ( Lu7)  
 Yinlingquan (Sp9)

**Electric acupuncture:** to elect two groups of the above points in each treatment with 2hz of intermittent wave. (In general, he can tolerate 2hz of the electricity)

Though all of TCM treating methods have been given to him, but it still seems too weak to effectively treat this severe case. Except paralysis and atrophy of his limbs, he always manifests frozen cold at the extremities and a purple color on the general skin, aversion to cold, swelling in the lower legs; light purple tongue with less white coating, wiry- fine pulse.

Because exhaustion of the Vitality gate and deficiency of the Original Qi are recognized as the main pathology at present, so I decide to perform 'ShaoShanHuo' on him.

On 8th July, after regular scalp acupuncture, I applied a few of points in meridians of stomach, spleen and kidney on the body acupuncture and elect the point

Zusanli St36 on the left leg to do a course of Shaoshanhua.

The reaction from him was:

- 1) hile I am manipulating the needle at the middle level, he starts to feel warm at the point. This sensation radiates along the meridian down to the foot in same side.
- 2) hen I connected the electricity on the relevant needles, he can't bear the same electricity which he was always given in the past. The electricity which he is able to bear is lower by 0.2 hz than the general one;
- 3) he Shaoshanhua is performed at St36, or Sp9 alternately each week, and he gets warm feeling in every time.

**Analysis:** It is hard to control such severe case although all of the TCM therapies have been used. When he is given Sahshanhua, the Yang Qi in his body is agitated, and self-reaction increased, so he has become intolerant to the general electricity which was given to him in the past. This is a sign to show that Shaoshanhua possesses a stronger power than ordinary acupuncture.

### Case 2 Infertility caused by the early failure of the ovaries

Ms H C is a 42 years old technician who has not had a successful result since she tried to get pregnant for more than 3 years. She started to have delaying periods, even amenorrhea 2-3 times during the last couple of years. She also feels anxious, nervous, depression, hot flashes and insomnia, so she looked for a TCM treatment to promote her pregnancy and prevent early menopause.

The diagnosis in conventional western medicine for her is: Infertility caused by the early failure of her ovaries; The identification of patterns in TCM for her is: Yang deficiency of Spleen and Kidney Infertility caused by coldness in the uterus.

#### Acupuncture:

Baihui (Du20)	Qihai (Ren 6)	Guanyuan (Ren 3)
Zulinqi (Gb41)	Taixi (Ki 3)	Sanyinjiao (Sp 6)
Yingu ( Ki 10)	Zhaohai (Ki 6)	Yinlingquan (Sp9)
Waiguan (Sj5)	Zigong (Ext)	

After the above points have been penetrated by needles, a course of Shaoshanhua is performed at Yinlingquan Sp9 on the right leg.

The reaction from her was:

- 1) She gets a warm feeling immediately under the skin at the point when I start to perform Shashanhua at Yinlingquan Sp6, then she feels this warm sensation moving down to her foot on the same side.

- 2) She has regular acupuncture every two weeks given at the above points and Shaoshanhua technique at Yinlingquan Sp9 in each side of the leg interchangeably.

She has her period in 27-28<sup>W</sup> days cycles at present.

**Analysis:** For this case that has a typical Yang deficiency of spleen and kidney and infertility caused by the excessive coldness in the uterus at the particular period<sup>W</sup> when she may be getting an early menopause, it is necessary to do Shaoshanhua to her, which may play a determinable role to prevent the possible early failure of her ovaries. Meanwhile, these courses of shaoshanhua have increased the necessary treating power for her, who is only available to accept acupuncture every two weeks.

The Cases who are given "Toutianliang" and his /her reaction:

### Case 3: Chronic Eczema with a seizure of acute patches

Mr C B is a 47 years old care worker who has been suffering from chronic eczema for his whole life. After having regular acupuncture and herbal medicine, his condition is controlled very well. Suddenly some patches appeared around his ankles and knees last week, manifesting with redness, dryness, itching and no more effusion at the local patches. He has dry skin in general without red patches except on his lower legs. Meanwhile, he feels annoyed, irritable, constipated and has disturbed sleep; light red tongue with red tip and little yellow coating and a floating slippery pulse.

The diagnosis in conventional western medicine for him: Chronic Eczema with a seizure of acute patches.

The identification of patterns in TCM for him: dampness and heat accumulated in the low burner; dry blood and Yin deficiency

#### Acupuncture:

Baihui (Du20)	Fengchi (Gb20)	Quchi (Li11)
Hegu (Li4)	Xuehai (Sp10)	Sanyinjiao (Sp 6)
Taichong ( Liv3)	Taixi ( Kid3)	Yinlingquan (Sp9)

After the above points are penetrated by needles, a course of Toutianliang is performed at Xuehuai Sp10 to him. His reaction was:

- 1) He gets a cold sensation under the skin of the point which moves down to the ankle on the same side when the needle is twisted;
- 2) The red color and burning feeling on the patches around of ankles and knees are remarkably reduced after the needles remained for about 10 minutes;
- 3) The yellow coating disappeared after half an hour;
- 4) All of the new patches had gone completely when he was checked two weeks later.



**Analysis:** Since there are some new patches flaring up, although he was suffering from chronic eczema all his life and keeping the regular acupuncture recently, it may be hard to get enough effect if he is given regular points with the same technique. The special technique Toutianliang is given to him at this stage which is able to strengthen the treating power of the regular acupuncture, so it is reasonable that a positive effect appears soon.

#### Case 4: Psoriasis recurring with menopause:

Ms C S is a 54 years old complementary medical practitioner who has recurring pink-red patches on her limbs and trunk for more than 3 months. She had same patches when she was a child and was diagnosed with psoriasis which has been controlled for decades. When she started her menopause during the last couple of years, these patches are recurring with dry skin, bad itching and minor flakes. Meanwhile, she has hot flushes, sweating, anxiety, depression and insomnia, and of course amenorrhea. She was given external steroid cream, but stopped it after using it only a day because of an unpleasant feeling, so she looks for TCM. She has a red tongue with less white coating and a floating slippery pulse.

The diagnosis of conventional western medicine for her:  
1) Psoriasis; 2) Menopause

The identification of TCM for her: Excessive wind and internal heat Yin deficiency and dryness in the blood

#### Acupuncture:

Baihui (Du20)	Lieque (Lu7)	Fengchi (Gb20)
Quchi (Li11)	Hegu (Li4)	Xuehai (Sp10)
Yingu (Ki10)	Taichi (Ki3)	Yinlingquan (Sp9)
Rangu (Ki2)	Taichong (Liv3)	Sanyinjiao (Sp6)

A course of Toutianliang is given at Xuehai (Sp10) in the right leg after the above points are penetrated. Her reaction was:

- 1) She had a cold sensation which moved down to the ankle in the same side along the spleen meridian when the needle penetrated to the middle level;
- 2) Her patches have disappeared completely in the second visit after two weeks. Her symptoms of menopause have also been much better as well.

**Analysis:** Although she has been given herbal medicine in decoction form after the acupuncture, the Toutianliang, which is the stronger technique to clear heat and removing dampness, was done at the first acupuncture. This treatment is playing the important role to attack the pathogenic factor wind and heat in her body; herbal medicine strengthened its effect to continue the removing function, so the quick effect occurs for her in the two weeks.

#### Case 5: Pityriasis Rosea and Urticaria

Ms A F is a 57 years old retired officer who had red rashes and nodules on the front head and cheek after she started her menopause, which was diagnosed as Pityriasis Rosea by her dermatologist. Meanwhile, she suffers from recurrent urticaria which manifested with some pink macula and patches flaring up more or less over her whole body; and she also feels hot flushes, fatigue and insomnia. Deep red tongue with less white coating and floating fine pulse are found.

The identification of patterns in TCM: The wind-heat engaging at the exterior; The Yin deficiency of lung and kidney.

#### Acupuncture:

Baihui (Du20)	Lieque (Lu7)	Fengchi (Gb20)
Quchi (Li11)	Hegu (Li4)	Xuehai (Sp10)
Yingu (Ki10)	Taichi (Ki3)	Sanyinjiao (6)
Rangu (Ki2)	Yinlingquan (Sp9)	

Due to her suffering some more itching, irritability and insomnia recently, though a mixed pattern of excess and deficiency is present, a course of Toutianliang was used to quickly remove wind and heat from her blood.

The Toutianliang technique was performed at Xuehai (Sp10) in the right side with twisting and sharking the handle of the needle while she the needles are retained.

The reaction from her was:

- 1) No cold feeling when she was given Toutianliang.
- 2) No change happened with her tongue coating.

**Analysis:** This case is a mixed pattern of excess and deficiency, so she didn't have a remarkable reaction after Toutianliang was performed. From her reaction, I recognize that she may belong to a pattern with a major deficiency, so I changed the Fangfengtongshen Wan, which mainly removed the excessive wind and heat prescribed for her in the past, to Bazhen wan which reinforces defensive Qi to remove the external wind. A miracle effect occurred with her in only two weeks when all of the urticaria patches had gone.

Although I didn't have a successful effect using Toutianliang in this case, but it gave me a significant hint to find a right treatment to cure this patient.

#### Summary:

- 1) Shaoshanhua is a real effective technique of warming and reinforcing Yang Qi. If a correct performance of it is done, the effect happens immediately; the reaction of Qi's recovery may be appearing in 10 to 30 minutes which will be lasting for a couple of days.
- 2) Shaoshanhua is good at being applied to the cases with a severe Yang deficiency. It can indeed increase the effect of acupuncture to them. The case with the deficiency pattern will be more sensitive to it; but if

it is used in the case with a mixed pattern of Excess and Deficiency, though he or she can still have the warm sensation around the point. He or she may feel nauseous, upset in the stomach and faint which are produced by an obstruction of the excessive fire.

- 3) Toutianliang is a real effective technique of clearing heat and eliminating dampness. It is more powerful to expel excessive heat which occurs at the acute stage and removing the dampness which has been accumulating for a longer time.

- 4) Toutianliang has more effect in the severe case with the heat and dampness; but the case that mixes with deficiency may appear frequent urination and loose bowel movement if you misuse this technique.

So I recognize that Shaoshanhuo and Toutianliang are unique techniques which will produce a quite strong and quick effect, we should be resolutely applied in the cases which are gaining the best suitable pattern. We should be cautious to apply these techniques to the cases that possess a mixed pattern of Excess and Deficiency.

## 达到针刺较强疗效的绝好技能——烧山火与透天凉

江丹

前不久，参加一个学术活动，有幸聆听来自上海中医药大学针灸专家——单永华先生讲解针灸学专技——烧山火与透天凉，受益匪浅。并经临床一试。果然灵验。故特小结于此，与同道共享。

我们在英临证，当地的西人患者，一般来说，对针灸的接受，与信任程度要好于中药。尤其近年，来自NHS的一些对中药的偏见对不少患者有一定的影响。因此，对一些只接受针灸，而拒服中药的病患，或因特殊情况，暂不能应用中药，而只应用针灸的病患，或即使针药并用，治疗效果仍显不足的病患。在这里私人诊所的病人可以承受的针灸治疗频率内，要达到更好的疗效，治愈病症，就要在提高每一次针灸的强度上下功夫。而“烧山火”与“透天凉”，确是可以有效提高每一次针刺疗效的绝好技能。

烧山火与透天凉，是特殊的针灸手法，在自《黄帝

内经·素问》之后，《金针赋》，《针灸聚英》，《针灸问答》，《针灸大成》等许多历代的针灸专著中都有过详细地描述。

烧山火是一种夸张的表述，其意是指利用特殊的针灸技能所达到一种温补的效应，其热可像“烧着的山火”一般；透天凉也是一种夸张的表述，其意是指利用特殊的针灸技能所达到的一种清凉的效应，其凉就像“穿透到天上”一般。

### 1. “烧山火”与“透天凉”的操作方法与要领

首先，用左手按压选作穴位，右手持针，循以下方式：

实施方法	‘烧山火’	‘透天凉’
刺入方式	先浅后深（顺次按所取穴位分别刺入浅，中，深三个层次）	先深后浅（顺次按所取穴位分别刺入深，中，浅三个层次）
进针时机	（病人）呼气时进针	（病人）吸气时进针
捻针方向	得气后，拇指向前推捻，	得气后，拇指向后拨捻；
推捻次数	每层九次	每层六次
操作方式	三进三出	三进三出
操作原则	紧按慢提，重插轻提	慢按紧提，轻插重提，
病人反映	得气后，病人有局部温热感，或沿经脉传导	得气后，病人有局部凉冷感，或沿经脉传导
取针时机	（病人）吸气时取针，针取后，按闭针孔	（病人）呼气时取针，针取后，不按针孔

**操作时注意:**

- 1) 应选择肌肉丰厚的穴位, 尽量不用头面, 躯干, 或四肢表浅处的穴位;
- 2) 施术过程中, 要密切关注病人的耐受程度, 如病人出现明显的全身热感, 或出汗, 恶心, 头晕, 可中止施术。
- 3) 所有手法要在针下有得气感之后进行,
- 4) 一般施术过后, 留针 15—20 分钟。施术“透天凉”之后留针时, 可以间断采用颤针, 刮持针柄的手法以增加针感。
- 5) 操作时, 要求医者心情平静, 专注于针下 (意守)。

**2. “烧山火”与“透天凉”的适应范围**

**“烧山火”:** 这是临床较强的温热法与补法, 适应于:

- 1) 重寒外感
- 2) 命门火衰, 元气不足
- 3) 脏腑经络大虚

**“透天凉”:** 这是临床较强的清热法, 适应于:

- 1) 实热症
- 2) 脏腑, 经络热症
- 3) 中风, 中暑, 花粉症, 精神病

**3. 临床应用的案例及其反映:****“烧山火”应用案例****病例 1: 运动神经元病(MNS), 四肢瘫痪**

Mr. D. H., 运动神经元病诊出三年余, 从一侧上肢, 渐渐发展到两侧, 到双下肢。目前已四肢瘫痪, 四肢肌力为三级弱, 左侧尤差。西医基本放弃治疗, 只给一呼吸机睡眠时应用, 以帮助睡眠时的气体充分地交换, 防止睡眠状态下出现呼吸意外。

中医辨证: 脾肾气阳两虚, 命门火衰, 湿阻血瘀。

一年来, 坚持每周一次针灸治疗, 同时服用益气健脾, 温阳补肾, 强肌壮骨的中药, 病变的恶化程度大大减慢, 且内脏功能与生命体征保持尚好的状态。

以往常规针灸: 头针: 运动区, 足运感区;

体针: 风池, 脾, 胃, 肾经每次选二经,

电针: 每次选两经之两穴接电针, 用续断波;

一般病人可以耐受 2 个赫兹。

以上治疗每周一次。因为, 即使中药针灸业已全面应用, 对这样严重的病患, 中医治疗仍显力度不够。在

病人四肢痿软, 无力的同时, 总是表现四肢冰冷, 肤色紫暗, 且畏寒, 下肢水肿, 舌质淡暗, 时有白苔。因顾虑该患者元阳不足, 命门火衰为当前之主要病机, 故决定为其实施“烧山火”。

在常规头针的基础上, 选用胃, 脾两经; 故选左侧足三里穴实施“烧山火”。结果: 1) 在施术致中层时, 病人即感到明显的皮下温热感, 且向同侧足部放射; 2) 在施术之后, 接电针时, 病人突感不能忍受日常的电流量, 可忍受量, 低于常日约 0.2 赫兹。

**分析:** 对这样严重的病例, 即使应用中医, 针灸所有技能也很难有效地控制病症, 该患者被实施烧山火之后, 其体内的阳气被迅速鼓动, 从西医讲, 其个体的反应性提高, 因而出现不能耐受平常可以耐受的电流量的情况。

**病例 2: 不孕症, 卵巢早衰**

Ms H. C., 43 岁技术员, 试孕不效三年余, 近两年来月经后期, 一般月经周期为 38-42 天, 且闭经两三次, 使之焦虑, 紧张, 情绪低落, 时感潮热, 眠差, 求中医助孕, 且防过早更年。

西医诊断: 卵巢早衰

中医辨证: 脾肾阳虚, 宫寒不孕

针灸治疗: 百会, 关元, 气海; 子宫, 阴陵泉, 三阴交; 阴谷, 太溪, 照海; 外关, 足临泣。

其中在右侧阴陵泉穴施术“烧山火”, 其反映:

- 1) 病人即刻有皮下温热感, 且向足部放射;
- 2) 以上治疗两次 (每隔周一诊) 当月月经周期即缩短为 28 天;
- 3) 以后坚持每两周一诊, 每次两侧阴陵泉交替应用, 保持月经周期 27-28 天。

**分析:** 对这样典型的脾肾阳虚, 宫寒不孕者, 又正值可能提前更年的关键时刻, 加用烧山火, 加强了针灸的治疗力度, 对挽救其可能早衰的卵巢起到了决定性的作用; 对于其只可以两周一诊的实际状况, 加用烧山火, 无疑也提高了必要的治疗力度。

**“透天凉”应用案例:****病例 3: 慢性湿疹, 急性发作**

Mr. C. B., 47 岁, 护理员。慢性湿疹终身, 应用规律性针灸及中药, 已明显控制。近 4—5 天, 突发少量皮疹于踝周及膝下, 局部皮肤干燥, 红灼, 搔痒, 无渗出, 全身皮肤干燥, 除下肢外, 余处无皮损, 伴心烦急躁, 便干, 眠差。自用 E45 药膏与 1% 氢化可的松软膏

膏，不能奏效。舌尖红薄黄苔，脉浮滑。

西医诊断：慢性湿疹，急性发作

中医辨证：湿热下注，血燥阴伤

针灸治疗：百会，风池，曲尺，合谷，血海，阴陵泉，三阴交，太冲，太溪

其中，在左侧血海穴施术“透天凉”，其反映：

- 1) 病人即刻有皮下凉感下行，
- 2) 在留针十分钟之后，踝周皮损的红热明显减轻
- 3) 半小时后，黄苔退去；
- 4) 两周之后复诊，新疹确已全消。

**分析：**该患者虽为长期慢性湿疹，但是近期新疹泛出，沿用以往的常规针法与穴位，一般很难奏效，此时加用透天凉的特殊手法，加强了必要的治疗力度，其效果力见，是不足为怪的。

#### 病例 4：牛皮癣，更年期发作

Ms C. S., 54 岁，补充医疗师。四肢泛布粉红色大片皮斑三月余，皮损干燥，搔痒，少许脱屑。幼年时曾有发作，已控制，几十年来未发作。近 1-2 年渐闭经，近期较多潮热，盗汗，焦虑，压抑，失眠。西医给激素外用，自感不好，用一日而停用，求诊于中医。舌质红薄少苔，脉浮滑。

西医诊断：牛皮癣，更年期综合症

中医辨证：内热风盛，阴虚血燥

针灸：百会，风池，曲池，合谷，列缺，血海，阴陵泉，三阴交，阴谷，太溪，然谷，太冲

取右侧血海穴实施透天凉，其反映：

- 1) 施术至中层，其始有皮下凉感，沿脾经下传；
- 2) 两周之后复诊，大片皮损全消，更年期也明显好转。

**分析：**尽管该患者同时服用中药汤剂，但是在初诊针灸就给予了极有力的透天凉手法，对于推动病邪起到了重要的作用；以至其后中药仍有效的驱除病邪，致使该患者达到两周内痊愈的绝好疗效。

#### 病例 5，玫瑰糠疹，荨麻疹

Ms A. F., 54 岁，退休官员。自更年期之后，颜面额及颊部泛起红烁皮疹，西医诊为玫瑰糠疹。同时泛发四肢，周身粉红色斑块，潮热眠差，疲劳。舌红绛薄白苔。

中医辨证：肺肾阴虚，风热束表

针灸治疗：百会，风池，曲池，列缺，合谷，血

海，三阴交，阴谷，太溪，然谷。

因考虑，近期荨麻疹使之甚痒，烦躁，难眠，虽本证阴虚，为速祛其血中风热，故在右侧血海穴施术‘透天凉’，其反应：

- 1) 无皮下凉冷感
- 2) 薄白苔不变。

**分析：**本例为虚实夹杂证，故该患者被给予透天凉之后没有明显的自身反应；由此反映使我领悟，该患者是以虚为主之证，故将治疗荨麻疹的防方通圣丸（疏风清热），改为八珍丸（益气固表），竟收到了意想不到的疗效，两周内荨麻疹逐渐消失。

#### 小结

- 1) 烧山火确是温补阳气的有效方法，如操作准确，即效；气的恢复性反应可在 10—30 分钟内见到，一般疗效可维持 1-2 天。
- 2) 烧山火对气阳大虚者，纯虚证者应用疗效敏感，确可有效的增加针灸的疗效。如误用于本虚标实者，会有局部温热感产生，但同时也会有恶心，胃中不适，应为实邪阻滞温火所致。
- 3) 透天凉是祛湿清热的有效方法。对急性发作的实热，久聚不化之湿浊是有效的清解，通利之法。
- 4) 透天凉对湿邪重热最为有效。如标实本虚者用之，可再伤正气，而产生尿频，便溏之症。

因而，我认为：烧山火与透天凉是临床速起疗效的特殊技能，应该选择最佳适应病患果断的实施，取其速效，骤效之优势；但对于虚实夹杂的病症，则要谨慎。



# 腺癌治验一例

袁炳胜

**摘要：**业师李孔定主任医师，多年来致力于对癌症的中医药临床治疗研究，现已 84 岁高龄，仍临证读书指导学生不辍，可谓为中医药事业尽心尽力。近日恩师将所录一例高龄腺癌患者诊治经过及其体会整理并寄付我辈诸位学生，以供参研。阅读之余，深感其理法详明，堪为疑难病证诊治借鉴，故从在英中医师的角度，再适当予以文字上的梳理，并推介公之于同道。

患者陈培让，男，82 岁，离休干部。

**初诊：**2007 年 11 月 24 日。

5 个月前（07 年 6 月 21 日）因发现左锁骨上包块，于四川省华西医院针吸活检，查见可疑鳞癌细胞，并做 PET 等检查未发现原发病灶。7 月 14 日于绵阳市中心医院行包块切除术，经淋巴结活检提示：腺癌转移。因高龄，术后未做放化疗。出院后口服氟奥中维生素，前列康，间断服用升白细胞药物。11 月 15 日，复因左颈部包块，CT 检查显示：左侧颈根部及上纵隔淋巴结肿大，双侧顶胸膜增厚；并左侧胸腔少量积液，右肺下叶前基底段肺大泡。症见食油腻则泻，消瘦，脉弦大结代，两寸脉不显，舌红暗淡，舌前部无苔，中后部薄黄苔。证属心脾气阴两虚，肝旺血虚。宜补心脾，泻肝活血为治。处方：

种参 10 克	白术 15 克	茯苓 15 克	麦冬 30 克
五味子 12 克	山楂 30 克	山药 30 克	石韦 30 克
鸡血藤 15 克	黄芩 30 克	苡仁 50 克	麦芽 30 克
白英 50 克	制女贞 30 克	炙甘草 10 克	

（三煎混合，分 8 次服，一日 4 次，2 日一剂，后同）。

**二诊：**（2007 年 12 月 4 日）

服 11 月 24 日处方后食欲及睡眠好转，食油已不泻。脉弦大缓已无结代，舌前部无苔中部厚腻，舌红微暗。仍宜前法加减进之。处方：

种参 10 克	麦冬 50 克	白术 15 克	五味子 12 克
山楂 30 克	山药 30 克	石韦 30 克	鸡血藤 30 克
枣仁 30 克	黄芩 30 克	苡仁 30 克	制女贞 30 克
砂仁 10 克	白英 50 克	麦芽 30 克	炙甘草 6 克

此际西医以鸦胆子，香菇多糖，胸腺肽三药轮流输注，停服其它西药。

**三诊：**2007 年 12 月 25 日。

服前方后食量增，体重增加 5 斤，大便已不溏，夜间口干（张口呼吸所致），原白细胞低，现已升至正常。脉弦大，苔粗白而浮，舌暗红。仍宜补肺脾肾之气，佐活血解毒为治。处方：

种参 10 克	麦冬 50 克	白术 15 克	五味子 12 克
苡仁 50 克	石韦 30 克	麦芽 30 克	核桃壳 30 克
枸杞 30 克	大枣 30 克	山药 30 克	制女贞 30 克
黄芩 50 克	白英 50 克	法夏 30 克	鸡血藤 30 克
砂仁 10 克	三七粉 12 克		（另包冲服）

**四诊：**2008 年 1 月 22 日

经服药二月，现颈部包块已不能扪及，自觉一切良好。脉弦缓，舌紫暗，苔分布不均。宜益气健脾，活血解毒为治。处方：

种参 12 克	茯苓 15 克	苡仁 50 克	炒白术 15 克
山药 30 克	石韦 30 克	麦芽 30 克	制女贞 30 克
山楂 50 克	丹皮 12 克	橘核 15 克	鸡血藤 30 克
黄连 10 克	白英 50 克	炙甘草 10 克	
核桃壳 30 克	三七粉 12 克		（另包冲服）

**五诊：**2008 年 2 月 20 日

2 月 15 日 CT 显示：右肺下叶肺气肿，左侧顶胸膜增厚。19 日彩超复查：颈部少许淋巴结轻度长大。血常规（1 月 29 日）：WBC2.62\*10<sup>9</sup>/L，HB：116g/L。

舌暗红，苔白滑，脉弦大。中焦湿热，上窜经络，肾虚肝旺。以清热燥湿，解毒补肾为治。处方：

种参 12 克	白术 15 克	茯苓 15 克	鸡血藤 30 克
苡仁 50 克	砂仁 12 克	石韦 30 克	制女贞 30 克
黄芩 30 克	山楂 30 克	枸杞 30 克	核桃壳 30 克
白英 30 克	大枣 30 克	小茴 12 克	

**六诊：**2008 年 3 月 25 日

服前方月余，血象转至正常，眠食俱佳，咯痰较多，无他不适，苔白腻，舌红，脉弦大。舌脉之象与其宿疾（反复腹泻，心脉瘀阻）有关，属于肾虚肝旺，脾虚湿滞之证，宜补肾，清肝，健脾除湿，活血化痰为治。处方：

种参 12 克	黄精 30 克	茯苓 30 克	炒白术 30 克
山药 30 克	麦芽 50 克	山楂 30 克	白豆蔻 12 克
黄连 10 克	枸杞 30 克	白英 30 克	法半夏 30 克
制女贞 30 克	半枝莲 30 克	鸡血藤 30 克	
山茱萸 30 克	大枣 30 克	核桃壳 30 克	

在服药的同时，指定穴位，医嘱其早晚按摩，持之以恒，不可间断，每天步行一小时以上，并坚持打太极拳一次。

**七诊：**2008 年 4 月 24 日

因注射鸦胆子液，白细胞减少至 2200\*10<sup>9</sup>/L，咳嗽痰多仍存。脉弦大而滑，苔白厚腻而润，舌暗红。脾肾气虚，湿盛痰滞，毒盛血瘀。宜补肾健脾，除湿化痰，活血解毒为治。处方：



茯苓 30 克 猪苓 30 克 山药 30 克 太子参 50 克  
砂仁 12 克 山楂 30 克 白英 30 克 炒白术 30 克  
枸杞 30 克 大枣 30 克 金荞麦 30 克 板蓝根 30 克  
制南星 15 克 制女贞 30 克 核桃壳 30 克  
三七粉 16 克 (8 次冲服)

在服汤药的同时，嘱常服绿豆银耳散，以助脾胃之气（方用绿豆、大米、玉米、银耳、山药、苡仁、百合各等分为末，每次服 50-100 克稍煮为糊食之，1 日 1-2 次），不可间断。

#### 八诊：2008 年 6 月 15 日

病无进退，但见苔转薄白偏腻，舌绛，脉弦大缓。湿邪渐退，热邪深入营血，守方加减进之。处方：

种参 12 克 麦冬 30 克 白术 15 克 金荞麦 30 克  
茯苓 15 克 山药 30 克 黄芩 30 克 制南星 15 克  
丹皮 15 克 白英 30 克 石韦 30 克 制女贞 30 克  
佛手 15 克 大枣 30 克 核桃壳 30 克  
三七粉 16 克 (8 次冲服)

#### 九诊：2008 年 7 月 14 日

咳嗽吐痰偶见，眠食均佳，白细胞升至 3600\*10<sup>9</sup>/L。苔白厚，舌暗红，脉弦缓。病情稳定，拟健脾补肾，燥湿活血，清肺解毒为治。处方：

种参 12 克 茯苓 15 克 山药 30 克 炒白术 15 克  
山楂 30 克 佛手 12 克 黄连 10 克 法半夏 15 克  
麦冬 50 克 黄芩 30 克 白英 30 克 补骨脂 10 克  
大枣 30 克 制女贞 50 克 金荞麦 30 克  
核桃壳 30 克 三七粉 16 克 (8 次冲服)

#### 十诊：2008 年 9 月 11 日

以上方根据病情加减服 30 剂后，血象各项指标正常，锁骨上窝及左颈部淋巴结肿块手触已无，CT 显示既小又少。苔白腻，舌暗红，脉弦大缓，宗上法之意加减为方制成散剂长期服之。处方：

红参 100 克 白术 150 克 茯苓 150 克 胆南星 50 克  
苡仁 150 克 山药 150 克 黄芪 150 克 金荞麦 150 克  
芡实 150 克 砂仁 50 克 黄连 50 克 补骨脂 75 克  
黄芩 150 克 茵陈 150 克 山楂 200 克 枸杞子 200 克  
白英 150 克 三七 100 克 丹参 100 克 制女贞 200 克  
甘草 50 克 阿胶珠 150 克

共为散，每服 10 克，1 日 3 次，饭前服。

#### 十一诊：2009 年 11 月 19 日

服上方年余，一切无异。2009 年 11 月初，正当立冬之际，天气剧变，突发心慌气短，心跳快慢不常，急送医院抢救，诸症得以缓解，于 11 月 19 日出院来诊。

症见：气短，乏力，偶咳稀痰，眠食尚可。脉弦大、结代无根，苔前薄，后厚腻，舌紫。心肾气虚，血瘀气滞，宜益气活血，补肾健脾，行气解毒为治。

处方一：

党参 30 克 白术 30 克 茯苓 15 克 南沙参 30 克  
麦冬 30 克 山楂 30 克 丹参 30 克 制女贞 30 克  
连翘 15 克 黄连 5 克 五味子 12 克 (打)  
青皮 10 克 甘草 10 克 刺五加 15 克

水煎服法同前。并用稳心颗粒 2 盒，每次服煎剂时冲服 1 包。

处方二：

白术 100 克 茯苓 150 克 丹参 100 克 西洋参 150 克  
苡仁 150 克 山楂 200 克 三七 100 克 刺五加 100 克  
甘松 50 克 白英 150 克 昆布 200 克 菌灵芝 200 克  
南沙参 150 克 制女贞 150 克 熟地黄 150 克  
西枸杞 150 克 金荞麦 200 克 甘草 50 克

共为散，待脉象好转（无结代）后，每服 10 克，1 日 3 次，饭前服。

2009 年 12 月 17 日，率学生王祥双、倪明、袁晓鸣到患者家追访，得知服处方 5 剂后，气短乏力解，脉无结代，正在服散剂调治。

#### 按语

本例患者年事已高，又兼宿有心脾之疾，气血本已大衰，今更患耗伤正气之腺癌，精力难支，不言而喻。西医审情度势未施放、化疗之治，仅以生物制剂剿抚兼施，与中医扶正祛邪之意，不谋而合。

2007 年 11 月 24 日转余治疗，前后历 2 年。余以《素问·至真要大论》“谨察病机，无失气宜”之训，谨察本病病机为“正气大虚，邪气大盛”。治疗则谨守既无失“正气大虚”之“宜”、又无失“邪气大盛”之“宜”。本例之虚，属气虚，其病位在心、肺、脾、肾四脏；本例之实（盛），为此消彼长，气虚致癌，痰、湿、瘀、热应运而生，可谓因虚致实，此实（邪）助癌耗伤机体正气，促癌生长繁殖，充当助纣为虐之丑。因此，治疗应以补气为主要大法贯彻于每剂方中，不可稍事疏忽。四脏之气旺，则可截断四邪续生之温床，再辅祛邪之药，清散现存之邪，使之渐溃，癌则失去盟军，势孤力薄，不进则退，易于蠲抑。而补气之要，又当首重脾胃，恪守奉行《素问病机气宜保命集·本草论第九》“治病之法，必须谷气为先”及陈修园《医学三字经·胀满蛊胀》“中央健，四旁如”诸论。然而，邪气方炽，正气尚可支撑之时，又当暂以祛邪为主，锐折邪势（如七诊处方）。如一味畏虚而惧用祛邪之药，则恐邪气滋蔓而难图矣。《素问·标本论》云：“知标知本，万举万当；不知标本，是谓妄行。”故掌握标本缓急、通权达变予以施治，则是我们不可须臾离的基本技能。

此外，返顾本例治疗过程，能取得良好效果的原因有五：

1. 中西医结合，优势互补(药疗)；
2. 患者心胸开朗，恐癌之忧(心疗)；
3. 坚持步行，坚持打太极拳，坚持按摩穴位，借以畅通气血，增强体质(体疗)；
4. 三餐食杂，食鲜，严避一切陈腐腌卤及高糖、高脂、高盐及辛辣食物，并辅以绿豆银耳散，保证营养(食疗)；
5. 家人亲切关怀和照顾，鼓励了患者战胜癌魔的信心、决心(亲疗)。五者缺一，均能僨事；五者协力，乃奏肤功。

# TCM Treatment for Peptic Ulcer

Xin Zhang, Ming Zhao Cheng

Middlesex University

Peptic ulcer refers to erosions or open sores in the mucous lining of the stomach or duodenum. If an ulcer occurs in the stomach, it is called gastric or stomach ulcer. If in the duodenum, it is named duodenal ulcer. If coexisting in both stomach and duodenum it can be called a complex ulcer. The most common symptom of a peptic ulcer is a dull ache in the upper abdomen. Other symptoms include weight loss, bloating, belching and nausea, etc. The most common cause is the infection with *Helicobacter pylori* bacteria that is responsible for up to 90% of all cases [1,2,3]. Peptic ulcer is a common condition, with an estimate of 5-10 % of the world's population suffer from peptic ulcer at least once in their life time [1, 2, 3]. People of any age can get peptic ulcer and women are affected just as often as men.

The term of peptic ulcer in Chinese is 'Xiaohuadao Kuiyang 消化道溃疡'. 'Xiaohuadao' means the digestive tract in Chinese; 'Kuiyang' here means ulcer; together meaning digestive ulcer or peptic ulcer. In TCM, peptic ulcer is categorized as 'Weiwan Tong 胃脘痛 or Wei Tong 胃痛', 'Weiwan' here means stomach area; 'Tong' means pain; together meaning stomach ache. Treatment of many patients suffering peptic ulcer with acupuncture, Chinese herbal medicines and dietary therapy is effective.

## 1. Aetiology and Pathology

**Bacterial infection:** A new research [4, 5] has proved that *Helicobacter pylori* (*H. pylori*) are the main reason to cause peptic ulcer and also chronic gastritis. *H. pylori* bacterium is very common, infecting more than a billion people worldwide. The infection usually persists for many years, leading to peptic ulcer in 10-15% of those infected. *H. pylori* can be found in more than 80% of patients with peptic ulcer. However, the mechanism of how *H. pylori* cause ulcer is not yet well understood.

The second most common cause is damage inflicted by aspirin or non-steroidal anti-inflammatory drugs such as diclofenac and naproxen used by many doctors for arthritis, rheumatism, backache, headache and period pain.

Peptic ulcer can also occur in patients with other severe diseases such as chronic respiratory diseases, or major traumas which are thought to result from poor oxygenation to the lining of the stomach and duodenum. Occasionally in Europeans, gastric ulcer can be caused by cancer.

Cigarette smoking not only causes the formation of peptic ulcer, but also increases the risk of ulcer bleeding, stomach obstruction and other complications.

In TCM theory, peptic ulcer is caused by long term improper diet including insanitary food (containing *H. pylori*) that can directly enter and accumulate in the

stomach. This condition can obstruct the qi and blood of the stomach and spleen leading to stagnation of qi, dampness, heat and even blood stasis which may result in ulcers of the stomach or duodenum. Another pathogenic factor of peptic ulcer is an emotional disturbance which causes stagnation of the liver-qi at the early stage; this in turn may further affect the qi and blood of the stomach and spleen which can finally develop into blood stasis of the stomach and intestine.

## 2. Differential Diagnosis

Clinically peptic ulcer can be classified into the following patterns.

**Damp-heat in the stomach:** the patient feels an acute stomach upset and pain in the upper abdomen, aggravated after food intake, accompanied with belching, nausea, epigastric discomfort, acid regurgitation, foul smell or bitter taste in the mouth. It is marked by red tongue with yellow and greasy coating, wiry or slippery pulse.

**Qi-stagnation in the stomach:** the patient complains of fullness and pain in the upper abdomen, aggravated by emotional disturbance, accompanied with frequent sighing, belching, acid regurgitation, poor appetite, thin and white coating on the tongue, taut pulse.

**Deficiency-cold in the spleen and stomach:** the patient suffers from a latent pain in the upper abdomen with preference for warmth and pressure on the area, aggravated by coldness, accompanied with sallow complexion, lassitude and general weakness, loose stool or constipation. It is marked by pale tongue with white and thin coating, deep and weak pulse.

**Blood stasis in the stomach:** the patient feels a pricking pain in the upper abdomen especially at night which is marked by fixed pain and aggravated by pressing, hunger but with poor appetite, belching, restlessness, insomnia, purple tongue or with purple spots, deep and unsmooth pulse.

## 3. Diagnosis in Western Medicine

- 1) Symptoms: Peptic ulcer's symptoms are variable, but its main symptom is a dull pain or pinching pain in the upper abdomen. Sometimes it is manifested as a distending pain or burning pain which often radiates to the lumbar region or back. The pain is always related to meals. For example, the pain due to stomach ulcer occurs within the first hour after a meal and then subsides afterwards; it can occur again after the next meal. However, the pain due to duodenal ulcer occurs between meals and then subsides after food intake. The pain caused by peptic ulcer takes place periodically and is often induced by cold, fatigue, and improper food

intake. The attack is more often in winter and spring. Other symptoms include acid regurgitation, belching, nausea, and vomiting. In few cases, perforation or bleeding may be the first clinical finding.

- 2) Signs: During the attack, there is usually a localized tenderness in the middle and upper abdomen. The tenderness on the left side of upper abdomen is the sign of gastric ulcer; while in duodenum ulcer the tenderness is found on the right side, often localized to 3-4 cm. Furthermore, if an ulcer occurs in the posterior wall, the pain hypersensitive areas can be found on the back at T 11-12 level.
- 3) Laboratory examinations:
  - Fibergastroscope examination: Under fibergastroscope we can see the circular or elliptical ulcer areas marked by smooth margin and flat bottom covered with white coats; and the mucous membranes around the ulcer areas are slightly swollen and red. The detection of *H.pylori* is positive in most of the patients with peptic ulcer.
  - X-ray barium examination: It is still of great value. Niche is often seen in gastric ulcer; the irritation and deformity of duodenal bulbar region may be seen in duodenal ulcer.
  - Faecal occult blood test (OB): OB positive reaction after 3 days vegetarian meals reveals that the active ulcer exists; OB persistent positive reaction may indicate cancerous changes of peptic ulcer.

## 4. TCM Treatments

### 4.1 Acupuncture

Basic points

Neiguan (P 6)	Zhongwan (Ren 12)
Shangwan (Ren 13)	Xiawan (Ren10)
Liangmen (St 21)	Zusanli (St 36)

Supplementary points

For damp-heat in the stomach, add Fenglong (St 40), Hegu (LI 4); for qi-stagnation in the stomach, add Ganshu (B 18), Qimen (Liv 14); for deficiency-cold in the spleen and stomach, add Pishu (B20), Weishu (B 21); for blood stasis in the stomach, add Xuehai (Sp 10), Gesu (B 17).

Methods

For damp-heat in the stomach, qi-stagnation in the stomach and blood stasis, use the reducing method; for deficiency-cold in the spleen and stomach, apply the reinforcing method, and moxibustion is added.

### 4.2 Chinese Herbal Medicine

#### (a) Damp-heat in the stomach

Therapeutic principle: clearing damp-heat and

regulating the stomach. Recipe: Ping Wei San /Decoction with additional ingredients

Ingredients:

Cangzhu (Rhizoma atractylodis) 9g  
 Houpu (Cortex magnoliae officinalis) 9g  
 Chenpi (Pericarpium citri reticulatae) 9g  
 Zhigancao (Radix glycyrrhizae praeparatae) 9g  
 Huanglian (Rhizoma coptidis) 6g  
 Huangqin (Radix scutellariae) 9g  
 Wuzeigu (Os sepiellae seu sepiae) 30g

#### (b) Qi-stagnation in the stomach

Therapeutic principle: regulating qi circulation and relieving pain. Recipe: Si Yi San/Decoction with additional ingredients.

Ingredients:

Zhigancao (Radix glycyrrhizae praeparatae) 9g  
 Zhishi (Fructus aurantii immaturus) 9g  
 Chaihu (Radix bupleuri) 9g  
 Baishaoyao (Radix paeoniae Alba) 9g  
 Muxiang (Radix Aucklandiae) 9g  
 Duanwalengzi (Concha arcae praeparatae) 15g  
 Foshou (Fructus citri sarcodactylis) 9g  
 Wuzeigu (Os sepiellae seu sepiae) 15g

#### (c) Deficiency-cold in the spleen and stomach

Therapeutic principle: warming and invigorating the spleen and stomach. Recipe: Li Zhong Wan combined with Huangqi Jian Zhong Tang/Decoction

Ingredients:

Renshen (Radix Ginseng) 9g  
 Ganjiang (Rhizoma zingiberis) 6g  
 Zhigancao (Radix glycyrrhizae praeparatae) 9g  
 Baizhu (Rhizoma atractylodis macrocephalae) 9g  
 Huangqi (Radix astragali seu hedysari) 15g  
 Guizhi (Ramulus cinnamomi) 9g  
 Baishaoyao (Radix paeoniae Alba) 18g  
 Wuzeigu (Os sepiellae seu sepiae) 30g

#### (d) Blood stasis in the stomach

Therapeutic principle: regulating circulation of blood to removing blood stasis from the stomach. Recipe: Shi Xiao San combined with Dansheng Yin /Decoction with additional ingredients.

Ingredients:

Puhuang (Pollen typhae) 9g, wrapped in a cloth bag when it is decocted  
 Wulingzi (Feces troglodytorum) 9g  
 Dansheng (Radix salviae miltiorrhizae) 15g  
 Tanxiang (Lignum santali) 6g  
 Sharen (Fructus amomi) 9g  
 Chuanlianzi (Fructus meliae toosendan) 9g  
 Yanhusuo (Rhizoma corydalis) 9g  
 Danggui (Radix angelicae sinensis) 9g

Chishaoyao (Radix paeoniae rubra) 9g  
Wuzeigu (Os sepiellae seu seipiae) 15g

Administration of all the above prescriptions: All the ingredients to be decocted in water for 25-30 minutes. Get the decoction for oral use. Drink half in the morning and another half in the evening.

## 5. Life Style and Dietary Advice

- 1) Before the discovery of *H. pylori*, most doctors in the world advised patients with peptic ulcer to eat a restricted diet, but today it is no longer of as much importance. However, from a TCM view and our experiences, we still suggest our patients to take care with their food consumption, for example, the patient should avoid eating too much acidic or spicy food; also to avoid fatty, cold, hard, or raw foods as those can increase ulcer pain.
- 2) Excessive use of alcohol (beer in particular) can irritate and erode the mucous lining of the stomach and intestine causing inflammation, bleeding and even perforation, so we advise patients to limit or avoid alcohol.
- 3) Smoking can increase stomach acid as well as interfere with the protective lining of the stomach making the stomach susceptible to the development of a peptic ulcer, so we advise our patients to quit smoking completely.

- 4) Stress may increase stomach acid and slow digestion, allowing food and digestive acid to remain in the stomach and intestine for a long time, so we advise our patients to try to relax and avoid stress.
- 5) We should also suggest to the patients with headache, backache, period pain, rheumatism or arthritis to try using herbal products and acupuncture, and avoid taking a big dosage of aspirin or nonsteroidal anti-inflammatory drugs (NSAID) orally such as diclofen or naproxen.

## Reference:

- [1] Pounder RE, Ng D (1995). The prevalence of *Helicobacter pylori* infection in different countries. *Aliment. Pharmacol. Ther.* **9 Suppl 2**: 33-9
- [2] Malaty HM (2007). Epidemiology of *Helicobacter pylori* infection. *Best Pract Res Clin Gastroenterol* **21** (2): 205-14
- [3] Cave DR (1997). How is *Helicobacter pylori* transmitted? *Gastroenterology* 1997; 113:S9-14
- [4] Warren JR., Marshall B (1983). Unidentified curved bacilli on gastric epithelium in active chronic gastritis (Letter). *Lancet* 1:1273-5.
- [5] Brown LM (2000). *Helicobacter pylori*: Epidemiology and Routes of Transmission. *Epidemiologic Reviews* 20 (2) 284-297

# Treatment of Scleroderma by TCM

Yang Xiang (向阳)

## 1. Introduction

Scleroderma is a rare persistent hardening and contraction of the body's connective tissue, which often affect any organ, including the skin, heart, kidney, lung or oesophagus. The skin becomes thickened and waxy, mauve at first but ivory-coloured later.

Systemic scleroderma is a systemic fibrotic disorder. In the skin, there is early CD4+ T-cell infiltration and massive normal type I collagen deposition by dermal fibroblasts likely induced by transforming growth factor  $\beta$  (TGF $\beta$ ). Arterial endothelial cell damage with myointimal cell proliferation (onion skinning) occurs, resulting in narrowing of the vascular lumen. Ischemic damage and fibrosis can occur in visceral organs as a result of this vasculopathy.

In limited systemic scleroderma, fibrotic skin disease is limited to the hands and forearms, feet, neck, and face. Pulmonary hypertension can occur. Patients with limited scleroderma have a high incidence of anticentromere antibodies. In systemic scleroderma,

fibrotic skin involves the fingers, hands, arms, legs, and typically the trunk and face. Pulmonary (interstitial lung disease), renal, gastrointestinal, and cardiac involvement can occur. Patients with systemic scleroderma are more likely to have antibodies to topoisomerase I.

The lower oesophageal involvement that occur in patients with systemic scleroderma, may lead to severe oesophageal reflux, dysphagia; and ultimately oesophageal strictures may develop. Involvement of the small intestine may lead to low motility with malabsorption secondary to bacterial overgrowth. Other complications of gastrointestinal involvement with systemic scleroderma include watermelon stomach (gastric antral vascular ectasia) and pneumatosis cystoides intestinalis.

The hearts of patients with systemic scleroderma may be affected by patchy fibrosis, which can cause conduction disturbances and arrhythmias. Pericarditis and congestive heart failure can also occur. In the event of renal involvement, patients can have hypertension with mild proteinuria that sometimes leads to scleroderma renal crisis (accelerated hypertension and

rapid loss of kidney function progressing to renal failure). Most patients who develop scleroderma renal crisis have diffuse cutaneous involvement. Microangiopathic haemolytic anemia and thrombocytopenia can be present in the setting of renal crisis.

## 2. Case study

A 77-years old man seeks treatment from Chinese medicine because of a diagnosis of systemic scleroderma from a dermatologist in a hospital. Six months ago the skin in his forearms started tightening, then involving his digits and hands. He has felt sore in his forearm for one month. He had limited arm movement. The skin tightening was spreading to his chest, abdomen, back and legs. General speaking, these skin changes were painless and associated without pruritus. During the last six months, he had also noted the onset of a slight cold sensitivity of the hands and legs, with multiple fingers becoming cold, pale, and numb. He also reported hair loss, decreased sweating, and depression. He does not suffer from chest pain, palpitation, paroxysmal nocturnal dyspnea, heartburn or dysphagia.

On physical examination, he appeared younger than his stated age because he had less forehead wrinkles. His skin was very tight and he was unable to lift his arms above the horizon level. Overall, about 75% of his whole skin was affected, which was tight, hard, and less flexible. Nail findings were unremarkable. His digits and hands were a little swollen. His muscle strength was normal. Chest examination revealed clear lung fields. On cardiac examination, no gallops, murmurs or rubs were heard. He smoked about 7 cigarettes per day. His tongue was dry and red. His tongue coating was yellowish and thick. His pulse was floating and slippery. Diagnosis of TCM: Skin Bi-syndrome (Bi in Mandarin Chinese means blockage).

## 3. Pathophysiology in TCM, Treatment Planning and Analysis

《Su Wen On Bi Syndrome》: “In the Middle Autumn, there is case like this, which is called as Skin Bi-Syndrome” TCM believes that the lung is in charge of the skin and hair. Therefore skin Bi-syndrome is caused by a dysfunction of lung qi. If the lung qi is unable to distribute qi and fluid all over the skin and hair, skin will be stiff and hard. Qi and blood are unable to circulate within the channel resulting in qi stagnation and blood stasis. This process is becoming more serious during the last month, which showed soreness in the forearm. Cold fingers, pale nail and numbness are caused by qi stagnation, blood deficiency and stasis. The dysfunction of lung qi causes decreased sweating and hair loss. Slight depression results from the dysfunction of lung qi affected liver qi. The dry and red tongue shows heat in the blood. Thickening, dirty and yellowish coating means deep heat within the body. Floating pulse means excessive evil qi. Slippery pulse means dampness accumulation.

The conclusion is that the lung qi is unable to nourish the skin and hair causing Jin-fluid deficiency,

heat in the blood, qi stagnation, blood stasis and channel blockage.

Treatment is aimed at nourishing yin and clearing blood heat, improving circulation and unblocking the channels, and regulating lung qi. First all, yin deficiency resulted in under-nourishment of the skin and hair. Therefore, nourish yin to treat the root of the dysfunction. Yin deficiency caused blood heat. Therefore clean blood heat to treat the branch of the dysfunction. Qi stagnation, blood stasis and channel blockage must be treated by promoting qi circulation, improving blood circulation, unblocking the channels and regulating lung qi. The best form of treatment is to treat both the root and the branch of the dysfunction.

The prescription used is modified Simiao Yong'an Decoction.

Shendihuang (Radix Rehmanniae) 10g,  
Yuansheng (Radix Scrophulariae) 10g,  
Danggui (Radix Angelicae Sinensis) 10g,  
Shengshigao (Gypsum Fibrosum) 10g,  
Rendongteng (Caulis Ionicerae) 10g,  
Qinghao (Herba Artemisiae Annuae) 10g,  
Lianqiao (Fructus Forsythiae) 10g,  
Guizhi (Ramulus Cinnamomi) 10g,  
Dangsheng (Radix Salviae Miltiorrhizae) 10g,  
Chuangxiong (Rhizoma Chuanxiong) 5g,  
Honghua (Flos Carthami) 5g (Dr Junkun Bai's prescription).

Regular cooking method is used.

Shengdihuang and Yuansheng are the two main herbs, which are for nourishing the yin and moistening the skin; assisted by Danggui for tonifying the blood and producing jin-fluids, also assisted by Rendongteng and Qinghao and Lianqiao and Shengshigao for clearing heat and toxins; supported by Guizhi for warming the channels and regulating lung qi; also supported by Dangsheng and Chuangxiong and Honghua for improving circulation and dissolving blood stasis. Shenggancao acts as guiding herb for harmonizing all other herbs and also detoxifies.

All herbs work together for nourishing the yin and clearing blood heat, improving blood circulation and dissolving blood stasis, and regulating lung qi.

Shengdihuang is a key herb for cooling the blood in TCM. Its pharmaceutical effects are anti-inflammatory and inhibiting immune response. It is one of my favourite herbs for inflammation, autoimmune diseases, eczema, and psoriasis. Firstly, it is very effective, and secondly it is very safe. The possible unexpected effect is diarrhoea in patients with a weak digestive system. As soon as stopping the herb, normally the diarrhoea stops immediately. The dosage ranges from 3 grams per day for a newborn baby to the adult dosage of 10 to 30 gram per day. The highest dosage that can be reached is 100 grams per day for acute pancreatic inflammation depending on the individual's constitution.

Danshen is one herb that equals Siwu Decotion's function. It is a key herb for circulatory system conditions. It is an irreplaceable herb for improving the circulation.

Qinghuo is well-known for its abstraction, qinghaosu as an anti-malarial medicinal. Qinghao has



been used as an agent for malaria for almost two thousands years in China. In TCM, it could be used to clear heat toxins in both excess or deficiency cases.

From the viewpoint of pharmaceutical science, the formula should have at least four functions: anti-inflammatory, detoxifying and antibiotic, and improving the circulation and anti-fibrization.

#### 4. Treatment Course

The patient took the above medicine for four weeks (plus Weilingxian Radix clematidis and Baishao Radix Paeonine Alba during the third and fourth week). The patient started feeling better on the fourth day after taking the medicine. One week later, when the patient came back for his follow-up visit, he was able to untie his shirt. His shoulders, elbows and wrists showed improved movement. For seven weeks we had prescribed the same herbs with minor adaptations. When these cooling herbs caused stomach spasms and diarrhoea, we changed to Weiling decoction, Baohe pill or Guizhi Honghua decoction. We adapted these prescriptions for one year, and the affected skin area reduced from 75% to 15%.

From the twelfth week, due to the diarrhoea, we used local acupoints. Afterward, we reduced the acupuncture to once in two weeks or once in four weeks. Also, the herbal medicine dosage was reduced corresponding with progress. The patient was able to look after himself.

#### 5. Discussion

##### 5.1 On aetiology

I personally believed that this individual case may be linked to his sunburn. The only special history about this patient was his second world war service in Africa. His skin was damaged by very strong sunlight. His skin was peeled off all over his body.

##### 5.2 On tongue observation

This was a very interesting case indeed. I made a drawing every week for the first ten weeks. The coating of his tongue was getting thinner and thinner every week just like unwinding a silkworm cocoon. Also, his symptoms had improved. I was really enjoying the process of treating and observing this patient.

##### 5.3 On stomach spasm and diarrhoea

This patient's spasm and diarrhoea may have been caused by herbs such as Shengdihuang, Yuanshen and Baishao. In my ten years of practice in the UK, I have four similar cases. All four cases used cooling herbs and all were skin problems. Stopping using the herbs resulted in the diarrhoea disappearing within 24 hours. Diarrhoea reoccurred when the same patient used similar herbs. TCM believes that it was caused by spleen and stomach Qi deficiency. From a conventional medicine viewpoint, it may be caused by a hypersensitive immune system. More evidence and more observation are needed

to prove this.

##### 5.4. Rethinking of the whole treatment process

This was a very successful case treated by Chinese herbal medicine and acupuncture. I believe we could do better on two occasions. Firstly, when the patient had abdominal spasms and diarrhoea we might have a better option by applying Shenling Baizhu decoction plus warming the kidney herbs. Secondly, when acupuncture was given, we only were thinking locally but not holistically. When we will come across similar cases in future practice, the above two points should be in our mind.

##### 5.5 TCM syndrome diagnosis and its corresponding formula

In my opinion, systemic scleroderma should have three sub-syndrome diagnosis in TCM. The first one is lung-spleen-kidney yang deficiency. The second is yin deficiency and heat toxins in the blood. The third is Qi and Blood stagnation and stasis due to a chronic course. The first category should use the following formula: Yupingfeng San, Guizhi Wuwu Decoction, Warming spleen decoction and Zhen Wu decoction; the second Simiao San, Qingying decoction, and Liuwei Dihuang decoction; the third Buyang Huangwu decoction, Xuefu Zhuyu decoction, Dahuang Zhechong Wan and Tongxin Luo Capsule.

The author did not explain each syndrome's clinical manifestation because there was only one clinical case. In fact, the individual case's symptoms and signs are much more flexible and complicated than any text book's description. Therefore, we must apply a special tailored remedy for every patient. This is the essence of TCM and we should always remember that.

##### 5.6 On complications

According to conventional medicine, this disease might affect the lungs, kidneys, and esophagus. My advice is that when the heart is affected, consult Heart-bi syndrome and Chest-bi syndrome. When the lungs are affected, refer to cough syndrome and lung-atrophy syndrome in TCM. When the kidneys are affected, refer to oedema syndrome; and when the esophagus is affected, refer to stomach disorders.

#### Reference

- [1] Thomas P Habif etc: Skin diseases, diagnosis and Treatment (2005), Elsevier Mosby, second edition.
- [2] Chen Hongduo, etc. Dermatology (1997), fourth edition, People's health press. Beijing, China
- [3] Xu Jiqun, TCM formula (1985), Shanghai Science and Technology Press, Shanghai, China
- [4] Jiangsu New Medicine Institute, Encyclopaedia of Chinese Medicine (1992 reprinting), Shanghai Science and Technology Press.

## 感冒医案三则

袁炳胜 (Doncaster, UK)

**摘要:** 感冒是临床常见病症之一, 与气候环境变化及人体机能状态密切相关, 属中医外感病范畴。对外感病的认识和治疗是中医学长期以来的重大课题, 在中医学发展史上, 其重大进步曾数次推动了中医学的革新。在今天, 中药、针灸、推拿、火罐等中医治疗手段, 仍然不失为治疗外感疾病的重要有效方法, 值得在临床中探讨。兹选取本人近期治疗本病三案, 以为引玉之砖。

### 案1: K太太, 33岁

**初诊:** 2009年10月12日

感冒3天, 低热, 头痛, 周身肌肉痛, 疲乏, 咽痛, 咳嗽, 胃脘胀满, 食欲不振, 口中多唾。脉弦缓浮大, 舌淡红, 苔白偏腻。外感风寒湿邪, 太阳及少阴受邪, 肺气郁而失其宣降, 脾气滞而失其健运, 当疏风散寒, 宣肺解表, 健脾和胃, 兼清郁热利咽喉。

**针:** 取太阴、太阳、阳明经穴, 尺泽, 外关, 足三里, 合谷, 通天, 风池, 扶突, 印堂, 迎香 (轻刺法)。

**推拿:** 头颈上背部足太阳、少阳经脉, 前臂部手太阴及手三阳经, 点、按、一指禅手法为主, 辅以摩、擦法。(治疗后即觉头身及咽痛大好, 咳亦显减, 周身轻快。)

**中药:** 感冒清热颗粒 (含荆芥、防风、柴胡、葛根、苏叶、薄荷、桔梗、芦根、杏仁、白芷、苦地丁等) 6克, 一日三次, 开水冲温服。川贝枇杷膏 (川贝母、枇杷叶、南沙参、茯苓、法半夏、陈皮、桔梗、杏仁、栝楼仁、款冬花、远志、薄荷等) 15ml 口服, 一日3次。

**医嘱:** 保暖, 忌生冷、辛辣及烟酒、咖啡等刺激饮食, 充分休息。

**二诊:** 10月13日

头身已不痛, 咽痛、咳嗽亦减, 仍有清涕、腹胀, 矢气臭秽。复来针灸, 以求速愈。舌淡红, 苔薄白, 脉弦缓而浮。

针以前法, 加天突, 丰隆, 照海, 点刺大椎、陶道、身柱、肺俞 (针后加火罐, 反复拔3-5次, 不留罐)、鱼际、中渚。

针、罐后觉一身轻松, 鼻咽及脘腹舒适。

**三诊:** 10月15日

诉上次针后身痛咽痛咳嗽“明显好转”, 纳增, 眠佳, 稍觉鼻塞, 微微身热汗出有舒适感; 偶尔作咳, 痰黄易于咯出, 精神大好, 舌脉如前。

**针:** 风池, 通天, 印堂, 迎香, 扶突, 合谷, 尺泽, 足三里, 丰隆; 背部督脉、足太阳经连续罐 (依次从上往下逐穴拔罐

不留)。

**四诊:** 10月20日

头身咽痛及咳嗽皆未复作, 纳佳, 精神好, 仅微觉鼻塞, 舌淡红, 苔薄白, 脉沉偏弦缓。

针: 列缺, 合谷, 尺泽, 通天, 迎香, 风池, 足三里, 留针30分钟; 点刺大椎、陶道、身柱、肺俞, 加罐, 留1-3分钟。

**五诊:** 10月23日

仍稍有清涕, 觉背部易感疲乏, 余无不适; 舌淡红, 苔白薄, 脉沉弦缓。诉在此期间, 未看西医, 亦未服用任何西药, 感觉效果非常好, 出自己意料之外。因这段时间很多 H1N1 流感报道, 结合自己开始的症状, 怀疑自己此前所患或是此病。邪去正虚, 卫表不固, 当扶正逐邪, 补脾肺之气, 佐以泻太阳余邪。

**针:** 列缺, 合谷, 足三里, 复溜, 风池, 通天, 迎香, 推拿头颈背部督脉及足太阳经穴, 以点、按、摩、擦、一指禅、及鱼际、掌根揉法为主。建议巩固治疗3-5次, 调理脾肺以增强免疫, 恢复体能。

### 案2: F先生, 47岁

**初诊:** 2009年11月25日

感冒2周, 经西医药 (抗生素等) 治疗效差。现症: 头痛、口干, 咳嗽, 痰少不利, 鼻塞, 右耳心堵塞感, 重听 (自觉听力差, 主要是能听见声音但分辨不清); 舌暗红, 苔白, 脉弦。外邪犯于头面, 太阳、少阳经气郁滞, 故见头痛、耳闭、鼻塞; 肺气失其宣降, 故咳; 邪郁已化热, 故口干、痰不利、舌红。邪郁少阳故脉弦。宜宣肺解表, 疏通太阳少阳经络, 近部与远道取穴相结合。

**针:** 尺泽, 鱼际, 合谷; 列缺, 外关, 中渚; 丰隆, 通天, 风池; 听宫, 印堂, 迎香 (轻刺法)。

**推拿:** 头颈上背部及耳前后足太阳、少阳经脉、华佗夹脊诸穴, 以点、按、一指禅、摩、擦等手法, 感觉头咽耳鼻不适显减。

**中药:** 感冒清热颗粒 6克, 一日三次, 开水冲温服; 川贝枇杷膏 15ml, 1日2-3次, 口服。

**二诊:** 11月26日

头痛咳嗽大好, 耳症亦显减, 针尺泽, 列缺, 鱼际; 合谷, 足三里, 丰隆; 复溜, 外关, 中渚; 通天, 印堂, 迎香, 听宫; 推拿如前。

**三诊:** 12月1日

咳嗽、头痛未作, 耳闭及听力亦大好。仍取前穴, 针后加哑门、会宗速刺, 稍得气出针。治疗后觉快然, 耳症基本消失。一周2-3次, 续治3-5次巩固。

### 案3: J女士, 24岁

**初诊:** 2010年2月2日

冬来连降大雪, 受凉感冒咳嗽, 已5-6周, 曾看西医, 服药

月余咳未减渐剧，夜间、活动、或遇冷空气则咳加剧，咳甚则咽痛，常常影响睡眠；最近发现鼻中时有少量血丝。经介绍专程来求中药治疗。食纳尚可，便调；双脉沉细，舌质暗红，苔白厚，少津。考虑系外感风寒之邪，肺气郁而失宣（咳），积久化热（咽痛，鼻中有血丝）；气郁生湿（舌苔厚）；久咳（伤气），兼睡眠欠佳，因实致虚（脉沉细，动则咳剧）。此气虚与气机郁滞并存，风寒热湿兼夹之证，病情复杂，单纯清热（抗生素治疗类此）、散寒、除湿、止咳皆难以建功。

治当宣肺散寒，除湿清热，佐益气补虚，宣利三焦，诸法同施为宜。甘露消毒丹合小柴胡汤加减。药用：藿香 10，苏叶 10，柴胡 10，黄芩 10，厚朴 10，杏仁 6，薏苡仁 15，桔梗 10，射干 10，连翘 6，鱼腥草 15，薄荷 10，生甘草 3 克，南沙参 15 克，7 剂；1 日 1 剂，23 煎，分 3-4 服。忌生冷、辛辣、腥膻及烟酒等刺激食物，保暖、充分休息。

2 月 18 日，电话告服药后（前方煎三次，觉药汁较多，一日饮 3 次，2 日 1 剂，2 周方才服完），服药后咳嗽渐减，睡眠增加，精神渐佳，现已基本不咳。困难以来诊，询善后事项。告仍需饮食清淡、适寒温、保证休息，川贝枇杷膏 15 ml 口服 1 日三次，另可以银耳大枣炖服以助调理善后。

## 体会

本病多发于季节交替、气候变化或异常之时；所谓“邪之所凑，其气必虚”，过劳、熬夜、久病或素体不足、肺脾气虚、卫表不固，致抵抗力下降，对外界环境变化适应能力降低，则为本病易感因素。本病发病之初，若为风寒所伤，邪犯肺卫及太阳肌表，常出现恶风寒；或因卫阳郁而不宣，则出现发热；肌腠开阖失度则汗出或无汗，兼湿则每见身痛乏力；肺气失宣则作咳。外感诸邪多兼风，多易犯于头面之部。而头面是手足三阳经络所布，又为眼耳鼻舌口诸窍所在。故感犯外邪，最常见到头痛、鼻塞、耳闭（或胀或痛，甚则重听）、口干咽痛，或目赤干涩痒痛多泪等见症。所以，临床证治，宜据经络所过，邪之所在，虚之所因，针对其局部与全身症候、经络脏腑虚实，随机应用对病对证方药，或选取经穴酌情使用针、推或罐，因势利导，补其虚而泻其邪，则可以充分调动人体抗病机能，迅速减缓症状，促其康复。

## 颈椎综合症所致之头痛及偏头痛

Daniel

颈椎病为临床常见疾患，是指因颈椎退行性改变而引起神经根及血管受压从而导致颈，项，头和肩臂痛，手指麻木，眩晕恶心等症状，因此称为颈椎综合征，而颈椎骨质增生是主要病理。

颈椎病的临床分型较多，而且还不太一致，比较通行的有五型，即颈型，神经根型，椎动脉型，交感神经型脊髓型和脊髓型。各型均有不同症候群，常见的多以颈项强

直，肩背手臂手指麻木，头痛为主，临床不难诊断。

但患者经常以为偏头痛来就诊，忽略颈椎病则不在少数。故要求医者必须认真仔细询问患者的病史及其他症状，而一旦掌握了其特点，也就容易把握治疗方向。

## 颈椎病的诊断

但凡此患者往往以头痛或偏头痛来就医，其疼痛多以前额痛，眉棱骨痛为特点，同时伴随颈项强直，但很多时候患者伴随症状并不明显，而医生则必须认真询问：其一发病时间长短，一般地说，患者发病多在数周或数月不等；其二，患者是否经常从事长时间保持一定姿势工作，如低头，驾驶，弯腰，打电脑，而且发病是否与此相关；然后医生从患者体征上可作出判断，如果患者胸椎生理弯曲加深或减少，同时可通过按压秉风穴，肩外俞穴导致患者疼痛即可诊断。

另一方面，在问诊方面，医生可以询问以下症状：是否有过不明原因之心慌，此种心慌不伴随心前区疼痛及气短乏力；有无恶心，此恶心发作与三餐无关。若具备任何一点，诊断基本明朗。

总之，颈椎病是一种生理退行性病变，其特点是潜伏期比较长，逐渐发病，由轻到重，而且症状繁多，易与其他疾病之症状相混淆，只有掌握其发病特点，方可明确诊断，取得治疗上成果。

祖国医学对颈椎病有形象的描述。《灵枢·经筋》是动病中指出：冲头痛，目似脱，项似拔，腰痛，脊似折，腠如结，如裂……膀胱经主之。不但指出了颈椎病的头痛，而且描述了整个脊椎退行性(包括腰椎)的症状。

“冲头痛，目似脱”，指头胀痛，目眶尤为明显，这是颈椎病头痛特点之一。而由于颈椎增生或颈椎椎间盘凸出导致椎-基底动脉压迫而产生位于脊髓-脑干的呕吐，视觉中枢及控制心律的颈交感神经缺血而导致心悸，恶心甚至呕吐，视物模糊及眩晕，至于颈项肩背强直，疼痛以及手臂麻木则因脊椎生理弯曲改变压迫臂丛神经导致肌肉紧张所致。

## 治疗方法

颈椎病治疗手段多样，临床多以针灸配合推拿效果为佳。

1. 针灸取穴：病人俯卧位，取风池，天柱，完骨，天宗，秉风，曲垣，肩中俞，肩外俞。

手法：直刺耳 1.5 寸，以提插捻转泻法，初诊患者得气既止，以免针感过强导致患者精神紧张而不愿再就诊。留针一般 25-30 分钟，辅以远红外线照射仪，室内温度不能低，必须使患者感到温暖，以达到机体放松。

若患者伴随紧张, 焦虑, 抑郁, 心悸, 则以患者仰卧位, 取穴配太冲, 三阴交, 足三里, 内关, 神门, 上星, 头维, 四神聪, 佐以远红外线照射仪照射腹部, 达到疏肝解郁, 宁心安神目的。

2. 推拿疗法: 首先患者取坐位, 医者以拇指和食指推风池, 天柱穴约 3-4 分钟; 其次捏拿颈部肌肉约 4-5 分钟, 在捏拿过程中, 医者应以拇指不断寻找并按揉颈部强直部分; 然后捏那双侧肩井穴约 5 分钟, 在此过程中, 医者还要以拇指推秉风, 天宗, 肩外俞穴, 最后以掌擦肩背结束治疗。

## 所谓小病

万增智

所谓小病, 是指病人就诊时所附带的除主病之外的一些小毛病, 因其具有病史短, 病情轻, 且与主病无相关性的特点, 又是针灸所擅长治疗的病种, 往往容易收到效果, 故曰小病快好。

1. 一老年女性, 腰痛病人。2010 年 6 月 26 日就诊时, 右脚第四脚趾一直处于痉挛状态, 待例行的所有治疗完成后仍不缓解, 遂取同侧的阳陵泉穴, 痉挛即时消失。3 日后复诊时间及此事, 诉脚趾痉挛一直未再发作。
2. 女, 41 岁, 不孕症病人。2010 年 6 月 26 日就诊时, 诉左踝关节内侧的后下方疼痛, 弯腰时症状明显。取同侧育俞穴, 疼痛消失; 一周后复诊, 诉自上次针灸后疼痛一直未再出现。
3. 一女, 39 岁。经前期紧张症病人。2010 年 5 月 29 日就诊时诉感冒, 咳嗽甚, 有黄痰, 难咯, 微发热, 咽不疼; 在其右肩胛冈外侧端有一明显压痛点, 左侧压痛不明显; 在完成经前期紧张症的治疗后, 在该处加刺一针; 一周后复诊, 诉上次治疗后的当日, 咳嗽骤减, 次日咳止。当日再查右侧压痛点, 已经消失。
4. 女, 59 岁, 护理员。就诊日期: 2008 年 12 月 9 日。右下肢近跗阳穴处疼痛已有一段时间。查局部外观无异常, 否认外伤史。查病人左上肢, 在列缺穴的地方, 皮肤颜色稍青, 压痛明显。遂取一寸毫针, 直刺列缺穴。只此一针, 针入痛止。
5. 一男, 65 岁, 焦虑症病人。查体时发现右下腹(距脐约 15 厘米处, 非麦氏点)有压痛, 触诊似可摸到一圆形包块, 直径约 6-7 厘米, 不压不痛。遂取脐针艮位, 针尖指向患处, 10 分钟后起针, 包块及压痛均消失。
6. 男, 43 岁, 戒烟患者。2009 年 10 月 5 日就诊。治疗中病人诉因其在冷库工作, 右手中指远端指关节屈伸时疼痛, 已有数周, 查指关节外观无异常。取同侧曲泽, 痛消。
7. 男, 20 岁。就诊于 2009 年 10 月 10 日。酷爱足球运动。患双踝关节疼痛多年。因其不相信针灸疗效, 便提出免费试一针。查右踝痛重于左, 其最痛点大致在丘墟穴处, 特别是在足内翻时。取对侧反应点, 相当于阳池穴处, 一针痛止。嘱其暂停足球运动 3 周。
8. 一患肩痛女病人, 30 岁。病人于 2009 年 11 月 4 日(就诊前一日)在左臂(患肢)接种了猪流感疫苗, 注射部位(三角肌下部)出现了一个乒乓球大小的硬结, 微肿, 触痛明显。针合谷, 阳溪后, 疼痛几近消失。数天后复诊诉疼痛未再出现。
9. 男, 40 岁。就诊日期: 12-03-2010。患者右小腿内侧, 相当于漏谷穴与地机穴之间部位疼痛, 局部外观如常。针同侧大横穴, 痛消。一周后复诊, 诉上次治疗后至今, 患处未再疼痛。
10. 男, 57 岁。2010 年 6 月 3 日就诊时诉左膝关节两膝眼之间疼痛, 针取左陷谷(压痛+), 右巨髁及右肘关节对应点, 痛大减。一周后复诊诉两膝眼间疼痛消失, 但左膝关节内下方, 阴陵泉的上方疼痛, 取同侧公孙、商丘(压痛+), 痛大减。
11. 男, 33 岁。劳汗当风, 致大椎穴处疼痛不适一天, 颈部活动受限, 但颈肩部肌肉柔软, C1 - C6 及胸椎处均无不适。在命门和腰阳关处有压痛, 故取上二穴, 颈椎前后活动俯仰顿觉轻松, 再取双阳陵泉(也有压痛), 颈椎左右转侧亦自如。自此未再痛。
12. 男性, 52 岁。颈椎病多年。颈肩部肌肉僵硬疼痛, 手指麻木, 印堂处有一皱褶清晰可见, 并有压痛。因病人惧怕头部用针, 便用小药丸和胶布做穴位按压, 酸胀感明显。颈部肌肉顿感轻松, 手指麻木也消失。
13. 女, 29 岁, 就诊于 2010 年 7 月 16 日。右肩颈结合部处肌肉僵硬疼痛, 活动稍受限。取患侧商曲穴, 肌肉紧张疼痛立即大为好转。
14. 女, 约 40 岁, 2010 年 4 月 17 日就诊。右下肢臀沟偏上方处疼痛, 单取同侧攒竹穴, 疼痛立消。一周后复诊疼痛未作。



# 体检人群中 303 例上火者的舌象特征研究

梁嵘<sup>1</sup>, 吴金飞<sup>1</sup>, 王召平<sup>2</sup>, 王盛花<sup>2</sup>, 高思妍<sup>1</sup>, 茆丽静<sup>1</sup>, 阿南悦子<sup>1</sup>

<sup>1</sup>北京中医药大学中医诊断系; <sup>2</sup>首都医科大学附属北京同仁医院

**摘要:** 本文以体检人群中的上火者为观察对象, 探讨上火的舌象特征。医生采用舌象观察表, 通过肉眼观察, 对 303 例上火者的舌象进行记录与分析, 同时设立对照组 (145 例非上火者)。经过对舌象的比较, 获取上火者的舌象特征。卡方检验和偏相关分析的结果表明, 上火者的舌象特征为舌边红或舌红, 舌尖出现点刺, 舌苔干燥, 舌苔增厚, 苔色淡黄。上火是一种轻浅的热证, 是中医预防医学和治未病的重要内容, 掌握上火的舌象特征和出现的时序规律, 有助于对上火进行规范的诊断和干预效果的评估。

**关键词:** 健康体检; 上火; 热证; 舌诊; 红舌

“上火”是一种俗称, 通常在出现口舌生疮、牙龈肿痛、便秘等症状时, 老百姓便称之为上火了。上火的概念源自于传统中医的身体感和疾病观, 过去, 在百姓中已形成了较为有效的“清火”的方法。但随着现代人所掌握的传统生活知识逐渐减少, 以及在现代医学中尚没有针对上火的理化检查方法, 因此, 对上火的研究甚少。随着预防医学的发展, 亚健康研究的逐渐深入, 这种属于亚健康范畴的经验和认识已经逐渐引起人们的关注。

上火时, 除了自觉症状, 中医诊断时必须诊察舌象。中医认为: 舌是通过体表观察人体脏腑的一面镜子, 通过观察舌质与舌苔的变化, 可以判断脏腑、气血津液的功能状态和病邪的性质、病位的深浅以及病势的进退。本研究在对上火的回顾性研究的基础上, 进一步对上火者的舌象特征进行了观察与分析。

## 1. 对象与方法

### 1.1 研究对象

2007 年 6 月至 2008 年 1 月期间, 于首都医科大学附属北京同仁医院体检中心进行健康体检和入职体检者。体检者来自北京市的单位、外企、高校及外地进京的入职人员。纳入研究者共 448 人, 其中上火者 303 人, 非上火者 145 人。上火组的 303 人中有男性 134 人, 女性 169 人, 平均年龄为  $34.43 \pm 13$  岁。非上火组的 145 人中有男性 78 人, 女性 67 人, 平均年龄为  $29.89 \pm 9.81$  岁。两组的性别之间无统计学差异 ( $P > 0.05$ ), 但年龄之间有统计学差异 ( $P < 0.01$ )。

### 1.2 上火的判定标准

根据回顾性调查中的症状出现率, 初步制定了上火的判定标准[1]。

#### (1) 男性

**主症:** 口干, 口渴欲饮, 小便黄赤, 口苦, 咽喉疼痛, 鼻腔干燥, 情绪急躁, 口臭, 口疮, 痤疮, 大便干燥, 痰黄, 多

梦, 眼睛干涩, 食欲不振, 口角糜烂, 齿龈疼痛, 心烦, 失眠。

**次症:** 小便气味重, 耳鸣, 胃中灼热, 目眵增多, 面红, 大便次数减少, 口渴不欲饮, 头晕, 长疖子, 易怒, 头痛, 鼻出血, 眼睛红肿, 鼻翼发红, 多食易饥, 小便少, 痔疮发作。

具备主症 3 项, 或者主症 2 项、次症 2 项者可诊断为上火。

#### (2) 女性

**主症:** 口渴欲饮, 口干, 咽喉疼痛, 口苦, 痤疮, 小便黄赤, 心烦, 情绪急躁, 多梦, 大便干燥, 鼻腔干燥, 口疮, 大便次数减少, 口角糜烂, 多食易饥, 痰黄, 眼睛干涩, 齿龈疼痛, 口臭, 食欲不振, 失眠, 胃胀, 口渴不欲饮, 耳鸣, 胃中灼热。

**次症:** 小便气味重, 目眵增多, 面红, 头晕, 长疖子, 易怒, 头痛, 鼻子出血, 眼睛红肿, 鼻翼发红, 小便少, 痔疮发作。

具备主症 3 项, 或者主症 2 项、次症 2 项者可诊断为上火。

### 1.3 纳入标准

- (1) 以上火为主诉。
- (2) 符合上火的判定标准。

### 1.4 排除标准

- (1) 体检者自己判断为上火或者可能上火, 但医生诊断为感冒、带状疱疹、龋齿等疾病者。
- (2) 体检结果显示患有器质性疾病者, 包括心脑血管病、肿瘤、肝硬化、糖尿病、慢性肝炎急性期、慢性肾炎急性期等。

### 1.5 舌象观察内容与方法



制定舌象观察表，将舌色、苔色、舌苔厚薄均按照舌尖、舌边、舌中、舌根四个不同的区域进行记录。

将舌色分为 6 类：淡白舌、淡红舌、红舌、暗红舌、绛舌、青紫舌；

将舌形分为 9 类：正常舌形、老舌、嫩舌、胖大舌、齿痕舌、瘦小舌、瘀斑舌、点刺舌、裂纹舌；

将苔色分为 4 类：白苔、淡黄苔、正黄苔、老黄苔；

将舌苔厚度分为 4 类：无苔、少苔、薄苔、厚苔；

将舌苔津液分为 4 类：润苔、偏干/燥苔、偏湿、滑苔。

1.6 统计方法

应用 SPSS13.0 统计学软件， $P<0.05$  为统计学意义。构成比以及指标异常率的比较分别采用描述性统计和  $\chi^2$  检

验，并计算优势比(OR)和 95%可信区间(95%CI)；出现统计学差异的舌象特征采用偏相关分析来排除年龄、性别因素对结果的影响。

2 结果

2.1 舌色

(1) 对上火组与非上火组的舌色构成比进行比较。

结果显示，淡红舌、暗红舌具有统计学差异， $P<0.05$ 。从各种舌色的构成比可以看出，非上火组的淡红舌（正常舌色）的出现率高于上火组；上火组的暗红舌出现率高于非上火组。上火组红舌的构成比为 47.19%，要大于非上火组，但没有统计学差异（见表 1）。

表 1 上火组与非上火组的舌色构成比的比较

分组	淡白舌		淡红舌		红舌		暗红舌		绛舌		青紫舌	
	n	%	N	%	n	%	n	%	n	%	n	%
上火组	7	2.31	96	31.68	143	47.19	48	15.84	7	2.31	2	0.66
非上火组	3	2.07	67	45.52	59	41.38	13	8.97	1	0.69	2	1.38
$\chi^2$ 值	0.000		8.130		1.338		3.942		0.690		0.049	
P 值	1.0		0.004		0.247		0.047		0.406		0.826	

(2) 淡红舌、暗红舌与上火的偏相关分析

由样本的一般情况可知，上火组的年龄要大于非上火组，且在上火组内女性要多于男性。控制了性别和年龄因素后，淡红舌与上火的偏相关系数为-0.170， $P<0.01$ ，有统计学差异。暗红舌与上火的偏相关系数为 0.090， $P>0.05$ ，没有统计学差异（见表 2）。

(3) 上火组与非上火组舌面不同部位的舌色比较

中医有舌与五脏对应的理论,但中医医生在临证时,往往会在较短的时间内对整个舌象做出判断，这在做研究时是不合宜的。因此，本研究尝试将舌象按舌面的不同部位来观察。

由于舌根部位的舌色多被厚苔覆盖，因此对舌色的观察只选择了舌尖、舌中、舌边（舌的两侧）部位。

经过比较，全舌淡红、全舌暗红、舌边红、舌中红在两组之间有统计学差异， $P<0.05$ 。上火时全舌暗红，舌边红与舌中红的 OR 值大于 1；而全舌淡红的 OR 值小于 1，说明在上火时发生全舌暗红以及舌边红、舌中红的可能性明显大于非上火组。非上火组多表现为全舌淡红（见表 3、4）。

表 2 控制了性别因素后的淡红舌与上火的偏相关分析

		淡红舌	暗红舌	上火
淡红舌	Correlation	1.000	.	-.170
	Significance (2-tailed)	.	.	.000
	df	0	.	448
暗红舌	Correlation	.	1.000	0.090
	Significance (2-tailed)	.	.	0.061
	df	.	0	448
上火	Correlation	-.170	0.090	1.000
	Significance (2-tailed)	.000	0.061	.
	df	448	448	0

表 3 上火组与非上火组的舌面不同部位的舌色构成 (n (%))

舌色	上火组 (303)			非上火组 (145)		
	舌尖	舌边	舌中	舌尖	舌边	舌中
淡白	2 (0.7)	6 (2.0)	5 (1.6)	2 (1.4)	2 (1.4)	2 (1.4)
淡红	90 (30)	99 (33)	120 (40)	58 (40)	70 (48)	85 (59)
红	157 (52)	147 (48)	125 (41)	69 (48)	57 (39)	44 (30)
绛	7 (2.31)	7 (2.3)	5 (1.6)	2 (1.4)	1 (0.7)	1 (0.7)
暗红	46 (15)	43 (14)	44 (15)	12 (8)	11 (8)	11 (8)
青紫	2 (0.7)	2 (0.7)	2 (0.7)	2 (1.4)	2 (1.4)	2 (1.4)

表 4 上火组与非上火组的舌面不同部位的舌色比较

舌色	$\chi^2$ 值	P 值	OR 值	95%CI	
				Lower	upper
舌尖淡红	4.70	0.030	0.634	0.419~0.959	
舌边淡红	10.162	0.001	0.520	0.347~0.779	
舌中淡红	15.391	0.000	0.447	0.298~0.671	
舌边红	4.965	0.026	1.571	1.055~2.339	
舌中红	4.968	0.026	1.612	1.058~2.457	
舌尖暗红	4.150	0.042	1.984	1.016~3.873	
舌边暗红	4.036	0.045	2.015	1.0064~4.034	
舌中暗红	4.380	0.036	2.069	1.035~4.138	

表 5 上火组与非上火组舌形的比较

分组	舌形								
	正常 n (%)	老舌 n (%)	嫩舌 n (%)	胖大舌 n (%)	瘦小舌 n (%)	裂纹舌 n (%)	齿痕舌 n (%)	瘀斑舌 n (%)	点刺舌 n (%)
上火组	159 (53)	42 (14)	16 (5)	23 (7)	44 (14)	30 (10)	54 (18)	20 (6)	56 (18)*
非上火组	79 (54)	19 (13)	13 (9)	10 (7)	14 (10)	15 (10)	24 (16)	10 (7)	11 (7)
$\chi^2$ 值	0.159	0.048	2.2	0.069	2.061	0.021	0.110	0.014	9.154
P 值	0.690	0.827	0.138	0.792	0.151	0.882	0.140	0.907	0.002

注：\*  $P < 0.05$ 。

## 2.2 舌形

### (1) 上火组与非上火组的舌形比较

在上火组中，正常舌形出现率仍然是最高的，占 53%，其次是齿痕舌和点刺舌，各占 18%。和非上火组各种舌形比较，点刺舌出现统计学差异， $P < 0.01$ （见表 5）。

### (2) 上火组与非上火组不同舌面分区的点刺比较

经过分区观察，舌尖部位出现的点刺具有统计学差异， $P < 0.01$ （见表 6、7）。

## 2.3 舌苔厚薄

### (1) 上火组与非上火组的舌苔厚度比较

上火组与非上火组的舌苔厚薄经比较，未出现统计学差异， $P > 0.05$ （见表 8、9）。

### (2) 上火组与非上火组舌面不同部位的舌苔厚薄比较

和舌色的观察一样，医生在整体判断舌苔的多少厚薄时，容易忽略一些信息。将舌苔按照舌面不同部位观察，结果显示，上火组舌面不同部位的舌苔厚薄存在一些差异（见

表 10)。在上火组与非上火组的比较中, 舌中少苔、舌根苔厚出现了统计学差异,  $P<0.05$ , 从两组的 OR 值来判断, 上火组舌根厚苔要多于非上火组, 舌中少苔要少于非上火组, (见表 11)。

表 6 上火组与非上火组不同舌面分区的点刺比较

分组	舌尖	舌边	舌中	舌根
上火组	56	22	2	3
非上火组	11	7	0	0
$\chi^2$ 值	5.154	0.959	-	-
$P$ 值	0.002	0.327	1.0	1.0

表 7 不同舌面分区的点刺与上火的 OR 值和 95%CI

分区	OR 值	95%CI	
		Lower	upper
舌尖点刺	2.726	1.400	5.450
舌边点刺	1.543	0.644	3.701

表 8 上火组与非上火组的舌苔厚度比较

表 10 上火组与非上火组舌面不同部位的舌苔厚薄构成比较

分区	上火组				非上火组				
	无苔	少苔	薄苔	厚苔	无苔	少苔	薄苔	厚苔	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
舌尖	9 (3)	71 (23)	200 (66)	21 (7)	2 (1)	30 (21)	107 (74)	6 (4)	
舌边	2 (0.7)	49 (16)	216 (71)	34 (11)	0 (0)	25 (17)	108 (74)	12 (8)	
舌中	1 (0.3)	8 (3) *	192 (63)	100 (33)	0 (0)	10 (7)	96 (66)	39 (27)	
舌根	1 (0.3)	9 (3)	172 (57)	119 (39) *	0 (0)	10 (7)	92 (63)	43 (30)	注: * $P<0.05$

表 11 上火组与非上火组舌面分区舌苔厚薄的比较

分区	$\chi^2$ 值	$P$ 值	OR 值	95%CI
				Lower Upper
舌中少苔	4.607	0.032	0.366	0.141~0.948
舌根厚苔	3.930	0.047	1.534	1.004 ~2.345

表 12 上火组与非上火组舌苔润燥的比较

分组	润	偏干 / 燥	偏湿	滑腻
上火组	119	169	12	4

分组	n	少苔	薄苔	厚苔
上火组	303	20	228	55
非上火组	145	5	113	27
$\chi^2$ 值	-	1.850	0.388	0.014
$P$ 值	-	0.174	0.533	0.904

表 9 舌苔厚度与上火组的 OR 值以及 95%CI

苔质	OR 值	95%CI	
		Lower	upper
少苔	1.979	0.727	5.383
薄苔	0.861	0.537	1.379
厚苔	0.969	0.582	1.614

表 13 苔质润燥与上火组的 OR 值及 95%CI

苔质	OR 值	95%CI	
		Lower	upper
润苔	0.518	0.347	0.773
偏干/燥苔	2.895	1.774	4.724

## 2.4 舌苔润燥

### (1) 上火组与非上火组舌苔润燥的比较

上火组与非上火组在润苔、干燥苔上有显著的统计学差异,  $P < 0.01$ 。从各自 OR 值判断, 非上火组的舌苔偏润, 上火组的舌苔偏干燥 (见表 12、13)

### (2) 润苔、干燥苔与上火的偏相关分析

在控制了年龄和性别的因素后, 润苔与上火呈负相关, 偏相关系数为 -0.224,  $P = 0.000 < 0.01$ , 有统计学差异。干燥苔与上火呈正相关, 偏相关系数 = 0.216,  $P = 0.000 < 0.01$ , 也有统计学差异 (见表 14)。

**表 14 控制性别和年龄因素后润苔、干燥苔与上火的偏相关分析**

	润苔	干燥苔	上火
润苔			
Correlation	1.000	.	-0.224
Significance (2-tailed)	.	.	0.000
df	0	.	448
干燥苔			
Correlation	.	1.000	0.216
Significance (2-tailed)	.	.	0.000
df	.	0	448
上火			
Correlation	-0.224	0.216	1.000
Significance (2-tailed)	0.000	0.000	.
df	448	448	0

## 2.5 苔色

### (1) 上火组与非上火组的苔色比较

上火组与非上火组比较, 白苔、淡黄苔出现统计学差异。上火组白苔的  $P < 0.01$ ,  $OR = 0.509$ , 淡黄苔的  $P < 0.01$ ,  $OR = 3.264$ , 说明上火组白苔的出现机率小于非上火组, 而淡黄苔的出现机率大于非上火组 (见表 15、16)。

### (2) 白苔、淡黄苔与上火的偏相关分析

控制了年龄、性别因素后, 白苔与上火呈负相关, 偏相关系数为 -0.163,  $P = 0.001 < 0.01$ , 有统计学差异。淡黄苔与上火呈正相关, 偏相关系数为 0.148,  $P = 0.001 < 0.01$ , 也有统

计差异 (见表 17)。

### (3) 上火组与非上火组舌面不同部位的苔色比较

上火组与非上火组舌面不同分区的白苔、淡黄苔出现统计学差异。上火组舌面各个部位的淡黄苔出现率高于非上火组,  $OR$  值  $> 1$ 。非上火组舌面各个部位的白苔出现率高于上火组,  $OR$  值  $< 1$  (见表 18、19)。

**表 15 上火组与非上火组苔色的比较**

分组	n	白苔	淡黄苔	正黄苔	老黄苔
上火组	291	156	59	63	13
非上火组	134	98	10	25	1
$\chi^2$ 值	-	14.547	11.075	0.501	3.988
P值	-	0.000	0.001	0.479	0.074

**表 16 苔色与上火的 OR 值以及 95%CI**

苔色	OR 值	95%CI	
		Lower	Upper
白苔	0.509	0.336	0.770
淡黄苔	3.264	1.517	6.590

**表 17 控制性别和年龄因素后白苔、淡黄苔与上火的偏相关分析**

	白苔	淡黄苔	上火
白苔			
Correlation	1.000	.	-0.163
Significance (2-tailed)	.	.	0.001
df	0	.	419
淡黄苔			
Correlation	.	1.000	0.148
Significance (2-tailed)	.	.	0.002
df	.	0	419
上火			
Correlation	-0.163	0.148	1.000
Significance (2-tailed)	0.001	0.002	.
df	419	419	0

**表 18 上火组与非上火组舌面分区舌苔颜色的构成**

舌面分区	上火组	非上火组
------	-----	------

	白 n(%)	淡黄 n(%)	正黄 n(%)	老黄 n(%)	白 n(%)	淡黄 n(%)	正黄 n(%)	老黄 n(%)	
舌尖	194(64)*	90(30)*	5(2)	2(1)	116(80)	24(16)	2(1)	1(1)	
舌边	192(63)*	96(32)*	8(3)	2(1)	118(81)	24(16)	2(1)	0	
舌中	155(51)*	118(39)*	16(5)	9(3)	102(70)	36(25)	6(4)	0	
舌根	154(51)*	119(39)*	16(5)	10(3)	97(67)	40(27)	7(5)	0	注：* P<0.05。

表 19 上火组与非上火组舌面分区舌苔颜色比较

舌面分区	$\chi^2$	P 值	OR 值	95%CI	
				upper	lower
舌尖苔白	11.740	0.001	0.445	0.278	0.712
舌边苔白	14.929	0.000	0.396	0.245	0.639
舌中苔白	14.766	0.000	0.442	0.290	0.673
舌根苔白	10.282	0.001	0.511	0.338	0.773
舌尖苔淡黄	8.941	0.003	2.130	1.289	3.521
舌边苔淡黄	11.450	0.001	2.338	1.418	3.856
舌中苔淡黄	8.663	0.003	1.931	1.241	3.004
舌根苔淡黄	5.851	0.016	1.698	1.103	2.612

### 3 讨论

舌诊具有灵敏、直观、便捷的特点。研究表明，在上火者出现不适症状的同时，舌象也会发生规律性的变化。

在排除了年龄、性别因素对舌象变化的影响后，与非上火者比较，上火者的舌象具有以下特征：舌边红、或舌红，舌尖出现点刺，舌苔干燥，苔色淡黄，舌根部苔变厚。这些特征表明，上火者体内有中医所说的热象，属于热证的范畴。

热证与现代医学中的新陈代谢异常加快有一定的关联。但中医根据症状特征，可以将热与病变部位（脏腑）相结合，细分为心火、肝火、胃火等，并认为不同脏腑的热会体现在舌的不同位置，如舌尖出现点刺，往往代表有心火，常与心理压力有关。舌边红，代表肝胆有热，常与情绪的剧烈波动有关。舌中红，舌苔增厚，代表有胃热，常与消化器官的不清洁，导致功能异常有关。在上火时突出表现的舌苔干燥，表示体内的津液受到损伤，结合症状特点，有可能是上火时最早出现的舌象异常，值得今后进一步深入观察。

上火虽是一种轻浅的热证，但如感冒可以引发严重的疾病一样，轻浅的热证在一定的条件下，可以发展成明显的、或严重的热证，比如多属于中医热证范畴的急、慢性感染，高血压，中风等疾病[2]。因此，上火是中医预防医学和治未病的重要内容。

今后，本研究将重点观察舌象的时序变化特征；探讨上火与体检生化检查的相关性，并通过医学教育，使民众掌握上火的舌象自我观察要点，能够早期对体内的异常热象进

行管理。

### 参考文献

- [1] 吴金飞, 梁嵘, 王盛花等. 758 例体检者“上火”体验的回顾性调查. 世界科学技术-中医药现代化, 2007, 05: 39.
- [2] 梁兆松, 人体内的“火”。开卷有益·求医问药, 1996, 05: 36.



# A Clinical Study on TCM Therapy in Treating Elderly Patients with Advanced Non-small Cell Lung Cancer

Jian-hua Cheng<sup>1\*</sup>, Zhi-guang Wang<sup>2</sup>, Wei-sheng Liu<sup>1</sup>, Zhi-ming Li<sup>3</sup>

<sup>1</sup> Department of Oncology, TCM Hospital of Guang Dong Province, 111 Da De Road, Guangzhou, 510120 China.

<sup>2</sup> Department of Oncology, TCM Hospital of Liuzhou, 32 Jiefang Road, Liuzhou 545001 China.

<sup>3</sup> Department of Oncology, Second TCM Hospital of Guangdong Province, 60 Hengfu Road, Guangzhou 510095 China.

## ABSTRACT

**Objective:** The objective of the research has been to assess the clinical efficacy of global Traditional Chinese Medicine (TCM) therapy in treating advanced non-small cell lung cancer (NSCLC) of elderly patients, with the aim to seek a standardized, rational and economical way to treat elderly patients with advanced NSCLC.

**Methods:** A non-randomized study was carried out in 87 elderly patients with advanced NSCLC, 41 treated by global TCM (TCM group) and 46 by chemotherapy (control group) through dynamical observation on related indexes including tumor size, quality of life, progression-free survival time and the survival time, as well as on the fee for medical service at various time points (3、6、9、12、18 and 24mon after receiving therapy) during the course of the treatment.

**Results:** (1) The changes of tumor size: control group is more significant than TCM group at the time points of 3 and 6mon, but TCM group is more significant at the time points of 9 and 12mon. There is no significant difference at the all time points. (2) Score of clinical main symptoms: TCM group is more significant than control group at the time points of 3、6、12 and 18mon ( $P>0.05$ ), control group is more significant than TCM group at the time points of 9 and 24mon ( $P>0.05$ ), no significant difference at the all time points ( $P>0.05$ ). (3) Quality of life (by Karnofsky scoring or Zubrod-ECOG-WHO scoring): TCM group is more significant than control group at the time points of 3、6、12 and 18mon ( $P>0.05$ ), control group is more significant at the time points of 9 and 24mon ( $P>0.05$ ), no significant difference at the all time points ( $P>0.05$ ). (4) Progression-free survival time: The mean progression-free survival time and median progression-free survival time in TCM group and control group are respectively  $9.76\pm 10.10$ 、 $6.00$  and  $7.30\pm 6.42$ 、 $5.00$ mon, showing significant difference in the mean progression-free survival time between them ( $P<0.05$ ). No insignificant difference in the Median progression-free survival time between them ( $P>0.05$ ). (5) Survival time: the survival rate is higher at the time points of 3、6、9、12、18 and 24mon in TCM Group, but insignificant difference, average survival time and median survival time in TCM group and control group are  $14.56\pm 12.55$ 、 $10.00$  and  $14.07\pm 13.14$ 、 $9.00$ mon, insignificant difference between two groups survival time. (6) Medical expense: The mean daily expense and the mean expense (RMB Yuan) for each patient in the TCM group were significantly lower than that in the control group, which was  $129.33\pm 68.47$  vs  $758.98\pm 297.83$  Yuan for the mean daily expense and  $28677.02\pm 12794.63$  vs  $55141.73\pm 34756.49$  Yuan, for the mean expense for each patient (both  $P<0.01$ ).

**Conclusion:** Treatment of senile advanced NSCLC with TCM alone has its apparent superiority in stabilizing tumor focus, improving clinical symptoms and quality of life and prolonging the survival time. TCM is also less expensive, making it a good alternative therapeutic approach for this specific group of people.

**Key words:** Traditional Chinese medicine therapy, global, elderly patients, advanced non-small cell lung cancer

## 1. Introduction

Advanced non-small cell lung cancer (NSCLC) in elderly patients is always complicated with multiple chronic diseases. This compels patients to prefer traditional Chinese medical therapy over operation, radiation or chemical agents. A non-randomized study dynamically assesses the clinical efficacy of TCM treatment on senile advanced NSCLC in the whole therapeutic course. From diagnosis confirmation to hospitalization or critical condition or death, no operation, radiotherapy or chemotherapy was applied for the sake of seeking a standardized, rational and economical way of treatment.

## 2. Method

### 2.1 Criteria for Inclusion and Exclusion

**Inclusion:** Enlisted into the TCM group were (1) patients aged 60 and older; (2) patients with pathological diagnosis of NSCLC; (3) patients clinically classified as beyond the IIIa stage(1); (4) TCM group: those patients who couldn't, or refused to, receive operation, chemotherapy or radiotherapy, appealed for and took global TCM therapy for over 3 months. Control group: those patients who couldn't or did not receive operation or radiotherapy, but were treated with chemotherapy and had the survival time predicted to be over 3 months were enlisted into the chemotherapy control.

**Exclusion:** (1) patients with complications from serious (stage III) diseases of the heart, or lung, or liver, or brain, or kidney; (2) patients who receive global TCM therapy less than one month; (3) patients who suffered from mental disorder.



## 2.2 General Data

All the patients included were inpatients (in the control group) or out-patients (in the TCM group) of the authors' hospital, hospitalized or visiting from May 1st 2001 to October 1st 2007, diagnosed as senile advanced NSCLC, 41 case in TCM group treated in outpatient Department, 46 case in control group treated in inpatient department, and their clinical data are listed in detail in Table 1.

**Table 1 General Data of Patients**

	TCM	Control
Case	41	46
Sex (M/F)	24 / 17	36 / 10
Age (Year)	61-82	60 – 81
Mean (Year)	71	69
Media (Year)	73	68
Pathological type (case)		
AC	27	24
SC	9	13
LC	1	-
Non-classified	5	9
Clinic stage (case)		
III-a	10	16
III-b	17	20
IV	14	10

with no statistically significant difference (X2 Test) between the two groups in their clinical materials, pathological types and stages ( $P>0.05$ ).

## 2.3 Treatment

The therapy administered to patients in the TCM group was mainly a decoction consisting of milkvetch root 30 g, psoralea fruit 15g, nepenthes herb 30 g, centipede 1piece, scorpio 10 g, pepperweed seed 30g, buckwheat herb 30 g, bittersweet herb 20 g, spikemoss herb 30 g, Houttuynia 30 g, cairo morningglory herb 30 g, etc. They might be modified as follows: for those with cervical mass, airpotato yam, pleione bulbocodioides, catelaw buttercup root, etc. were added; for those with headache, longnosed pit viper, and garter snake were added; for those with bone ache, tuberculate speranskia herb, and drynaria rhizome were added; for those with severe dyspnea, eagle wood, grilled ephedra herb, perilla fruit, and sinapis alba were added; for cough with yellow sputum, hogfennel root, Zhejiang fritillary bulb, reed, and tabasheer were added; for those with bloody sputum or emphyse, tatarian aster root and rhizome, hairy vein agrimony, bletilla tubet, and notoginseng were added; for those with chest pain, smartweed, dahurian angelica root, and paniculate swallowwort root were added; for those with hydrothorax, morel, water-plantain tuber, and mulberry bark were added; for those of yin-deficiency caused low fever, rehmannia root, starwort root, wolfberry root-bark, and southernwood were added; for those of yin-deficiency, causing low fever, rehmannia

root, starwort root, wolfberry root-bark, and southernwood were added; for those of yang deficiency, curculigo rhizome and epimedium were added; and for those of qi-deficiency, American ginseng, heterophylla pseudostarwort root, etc. were added. Also, anti-cancer Chinese patent drugs, including Jinlong Capsule (金龙胶囊, product of Jiansheng Co., Ltd., Beijing), Zilongjin Tablet (紫龙金片, product of Longshunrong Pharmaceutical Co., Tianjin City), Ankangxin capsule (安康欣胶囊, Gaoshan Pharmaceutical Co. Ltd. Anhui Province), and Xihuang capsule (Product of Tangyu Pharmaceutical Co., Ltd., Shaanxi Province), were administered coordinately, which were often used in combination with more than two of the patent drugs. Xinhuang Tablet (新黄片, product of Xiamen Pharmaceutical Factory of TCM, Fujian Province) might be given for those with fever and bone ache, and drugs for anti-cancer and strengthening resistance, such as Shengmai Capsule (生脉胶囊, product of Qingchunbao Pharmaceutical Factory, Hangzhou, Zhejiang Province) and Bailing Capsule (百令胶囊, product of Zhongmei Huadong Pharmaceutical Co., Ltd., Hangzhou, Zhejiang Province) could be given as well.

The patients were examined 1-2 times every week in the clinics generally, and could come for a visit at any time if necessary. Symptomatic treatment with Western medicine might be applied when there was fever, dyspnea, infection, superior vena cava syndrome, brain edema, bone ache, etc.

For patients in the control group, a chemotherapeutic scheme was selected properly according to their physical conditions and economic levels (2,3). The GP scheme (Gemcitabine, Cisplatin) was applied in 10 cases; TP (Taxol, Cisplatin) in 9, NVB (Navelbine) in 9, EP (Etoposide, Cisplatin) in 4, CAP (CTX, ADM, PDD) in 2, NP (Vinorelbine, Cisplatin) in 2, GEM (Gemcitabine) in 2, VP (Vindesine, Cisplatin) in 1, HCPT in 1 and Paclitaxel in one; also, chemotherapy with CTX, PDD, THP and BLM via bronchial arterial perfusion was carried out in 5 patients. The symptomatic medication used for the patients was the same as that used in the TCM group.

## 2.4 Indexes and Methods of Observation

Data obtained by observation, including the tumor size, scores of main clinical symptoms and behavior condition, were filled into a uniform table by a specially appointed person before starting the treatment (T0) and at various time points in the treatment course, i.e. the end of the 3rd, 6th, 9th, 12th, 18th and 24th month, and the day of terminating the follow-up (April 1st 2008). The time (days) from the day when the diagnosis of NSCLC IIIa stage was confirmed to the day of last visit or that of terminating follow-up (April 1st 2008) was calculated as the survival time of the patients.

## 2.5 Economical Evaluation

The economic indexes in the two groups, including total fee paid, mean daily charge and mean charge for every single patient were compared between the two groups.

## 2.6 Efficacy Evaluation Criteria

The short-term efficacy was evaluated by effective rates of tumor size, symptoms and scores of behavior. Effective rate of tumor size = (Cases of complete remission + cases of part remission)/Total cases $\times$ 100%; Effective rate on score of symptom = (Cases of symptom improvement + cases of symptom stable)/Total cases $\times$ 100%; behavior status use ECOG Performance Status Scale (ZPS) (4), Effective rate on score of behavior = Cases with ZPS score 0-2/ Total cases $\times$ 100%. Effective rate of the long-term efficacy was evaluated by the survival rate at various observation time points and the mean and the median survival time, the mean progression-free survival time and Median progression-free survival time.

## 2.7 Statistical Analysis

The survival time of the patients was calculated with the life-table method; other comparison of enumeration data was managed with X<sup>2</sup> test and that of measurement data with t -test; and u-test was used for effective rate comparison.

## 3. Results

### 3.1 Comparison of Short-term Efficacy (table 2)

The effective rates of treatment in the two groups on tumor size at various corresponding time points were similar ( $P>0.05$ ), in which the 3-month and the 6-month effective rates in the control group seemed to better than those in the TCM group ( $P=0.06$ ,  $P=0.46$ ), but at the 9th and 12th, the effective rate was higher in the TCM group ( $P=0.35$ ,  $P=0.11$ ), though no statistical significance was shown between any of them ( $P>0.05$ ).

The effective rate on the score of symptoms in the TCM group at different time points showed a higher value than that in the control group at corresponding time points respectively, without the 9th and 24th month, but there is insignificant difference at the other time points ( $P>0.05$ ).

A comparison between the two groups on scores of behavior condition showed that a higher rate was shown in TCM group at any time points but without 9th and 24th month, but insignificant difference ( $P>0.05$ ).

**Table 2 Comparison on Effective Rates of Tumor Size, Scores of Symptoms and Behavior condition [% (Case)]**

Group	Case	Time (months)	Effective rate		
			Tumor size	Score of symptom	Score of behavior
TCM	41	3	2.4 (1/41)	97.6 (40/41)	97.6 (40/41)
	38	6	5.3 (2/38)	60.5 (23/38)	60.5 (23/38)
	27	9	7.4 (2/27)	55.6 (15/27)	55.6 (15/27)
	19	12	10.5 (2/19)	63.2 (12/19)	63.2 (12/19)
	10	18	0 (0/10)	60.0 (6/10)	60.0 (6/10)
	7	24	0 (0/7)	42.9 (3/7)	42.9 (3/7)
Control	46	3	10.9 (5/46)	93.3 (42/45)	93.3 (42/45)
	38	6	7.9 (3/38)	56.4 (22/39)	56.4 (22/39)
	26	9	3.8 (1/26)	65.4 (17/26)	65.4 (17/26)
	18	12	5.6 (1/18)	55.6 (10/18)	55.6 (10/18)
	11	18	0 (0/11)	45.5 (5/11)	45.5 (5/11)
	5	24	0 (0/5)	50.0 (3/6)	50.0 (3/6)

Note:  $P<0.05$ , compared with the control group at the same time points.

### 3.2 Comparison of Survival Time

Terminating follow-up is April 1st 2008. One case in the control group was lost at the last time of follow-up. Until the day of terminating observation, 19 cases in the TCM group and 5 cases in the control group were still alive. Comparison between the two groups showed that the survival rate in the TCM group at all time points were higher than those in the control group respectively, whereas no statistical significance was shown ( $P=0.54$ ,  $0.28$ ,  $0.72$ ,  $0.62$ ,  $0.69$ ,  $0.83$ ). The details are shown in Table

3. Survival time and Median Survival time in TCM and control group is respectively  $14.56 \pm 12.55$ 、 $10.00$ mon and  $14.07 \pm 1.94$ 、 $9.00$ mon, showing no significant difference between the two groups ( $P=0.82$ ,  $0.18$ ). The mean progression-free survival time and Median progression-free survival time in TCM group and control group are respectively  $9.76 \pm 10.10$ 、 $6.00$  and  $7.30 \pm 6.42$ 、 $5.00$ mon, showing significant difference between the two groups in the mean survival time ( $P=0.042$ ), but comparison of the median survival time did show a

statistical significance ( $P=0.22$ ).

**Table 3 Comparison of Survival Rates [% (Survival Cases/Total Cases)]**

Group	Case	Months	Survival rate
TCM	41	3	100 (41/41)
		6	92.7 (38/41)
		9	65.9 (27/41)
		12	46.3 (19/41)
		18	24.4 (10/41)
		24	17.1 (7/41)
Control	46	3	97.8 (45/46)
		6	82.6 (38/46)
		9	56.5 (26/46)
		12	39.1 (18/46)
		18	23.9 (11/46)
		24	13.0 (6/46)

**Table 4. Comparison of Hygienic Economical Indexes (RMB Yuan)**

Group	TCM	Control
Case	27	46
Sum (RMB Yuan)	774279	2536519
Days	5987	3342
Mean daily expense (RMB Yuan)	129±68*	758±297
Hospitalization time	-	138
Expense each time (RMB Yuan)	-	18380
Mean expense each patient (RMB Yuan)	28677 ±12794*	55141 ±34756

Note: compare with control group,  $P<0.01$

### 3.3 Comparison of Hygienic Economical Indexes (Table 4)

The hygienic economical data in the control group were rather complete; the total fee for hospital service of all the 46 patients in their 138 times (3342 days) of hospitalization was RMB 2536519.74 yuan (the fee paid in clinics was not included). Complete data in the TCM group were demonstrated only in 27 patients, according to the specific accounts, except that paid in the hospitalized period, the total fee paid in 5987 times of visiting was RMB 774279.64yuan, so, the mean daily expense and mean expense for each patient in the TCM group was significantly lower than that in the control group ( $P<0.01$ , Table 4).

### 3.4 Classical case

Lin X X, female, 71years old, diagnosed for lung adenocarcinoma with brain metastases, (T2NxM1, stage IV. She refused to accept radiotherapy and chemotherapy, and requested TCM therapy. After therapy, PS is better, CT and MRI show lung focus was stable, and less brain metastases. Now she can enjoy everyday

without others' help, and could go out for visiting. The total medical fee from July 2007 to April 2008 is 30615.34 Yuan.

## 4. Discussion

Lung cancer, one of the often encountered malignant tumors in the world at present, could endanger the life of human beings (5), with its morbidity and mortality being the top in all kinds of malignant tumors, which also shows a yearly rising trend(6). The gerontic period is the high incident stage of lung cancer; about 1/3 of lung cancers appear in patients aged over 65 years, and its mortality reaches the peak in patients aged between 65-70 years.

The approaches used for the treatment of senile lung cancer may be surgical resection, local radiation, general chemotherapy, Chinese medical therapy, biological treatment, systemic supporting etc (7). For patients over 70 years old, the general therapeutic principle applied should be simple, effective and with less adverse reaction (8).

NSCLC has low sensitivity to chemotherapy. In China, there have been few reports concerning chemotherapy on lung cancer in the aged. In foreign literature, Ricci, et al(9) once reported treatment of 4 patients with small lung cancer, aged over 70 years, by Gemcitabine, which resulted in an effective rate of 22.2%, median survival time of .7 months and –year survival rate of 27%. The 38 NSCLC patients, aged over 65 years reported by Hainsworth, et al (10) were treated with Taxotere, the effective rate obtained was 8%. Better efficacy was obtained in patients with good behavior state (ZPS=0 or 1, i.e. the patients can walk about on their own and basically take care of themselves) than in those with bad behavior state, 26% (6/23) vs 7% (1/15). The study for treatment of senile lung cancer with docetaxel conducted by an Italian research group (10) showed that the effective rate of the treatment was 20%, median survival time 7 months and 1-year survival rate 32%, which was better than the efficacy of symptomatic supporting and could maintain rather good quality of life (QOL) in patients (11). The results of Frasci, et al (12) on the treatment of 38 patients over 70 years old, with ZPS  $\leq 2$  scores by using Carboplatin-oral etoposide were 22% in effective rate and 11 months in median survival time.

TCM is an important measure for treating senile lung cancer. At present, it is mainly used in cooperation with surgical operation, radiotherapy, chemotherapy and in aiding rehabilitation, or as a conciliatory treatment for patients in the late or terminal stage. Research of global TCM therapy on senile lung cancer is still lacking, and the efficacy evaluation is often non-dynamic, which makes it possibly bias.

The study is non-randomized. For the sake of knowing objectively the effect of TCM global therapy on elderly patients with advanced non-small cell lung cancer, this retrospective study was carried out under the control with patients treated synchronously by chemotherapy, and dynamical evaluation was made depending on the scores of main symptoms and behavior status as well as the progression-free survival time, survival time and the survival rate of patients.

Because the patients enrolled in the TCM group were only those having been treated successively in clinics for more than 3 months, this might lead to selective bias due to the uncertain clinical sequel of those treated for less than 3 months, who might turn to other treatments or visit other hospitals, or even die. On account of that, as patients in bad condition and with the predicted survival time less than 3 months would generally not choose chemotherapy, so the selective bias could be reduced in this case. For this reason, we hold that the two groups were similar in their basic condition, clinical classification and pathological type.

Scoring on QOL is essential for the evaluation of TCM therapy in treating tumors (13), and results of this study showed that the scores of QOL and behavior state increased in both groups, and the stabilizing rate at various time points was mostly over 60%. Patients in the TCM group were, generally speaking, all capable of taking care of themselves in their daily life and were capable of walking to the hospital, so were regarded as ZPS 0–2; while patients in the control group had to receive the treatment in the hospital ward, which illustrated that TCM therapy was rather superior to chemotherapy in the improvement of patients' QOL.

At the beginning of the treatment, there were 4 patients in stage II in the TCM group and 9 patients in stage II in the control group, and for them the survival time was calculated from the day with their diagnosis changing to stage IIIa. On the day of terminating the follow-up, the survivals in the TCM group were 19 and in the control group 5. By prolonging the study, survival time in TCM group may be longer. As to some of the patients in the TCM group who were hospitalized later or turned to other treatment before they died, their survival time was calculated by taking the time of hospitalization or turning to other treatment as the day of terminating follow-up. Thus, we can say that the date of termination for them was more strictly defined.

The 21st century is the era of evidence-based medicine (EBM). The three essential elements of EBM are the best clinical research, professional clinical knowledge on the part of the physicians and greater attention paid to the patients. The last one is actualized as that in the clinical treatment course the patients should be informed of everything about the treatment, and they have the right to select the mode of therapy according to their own will and economic state. Many researches on senile advanced NSCLC indicate that chemotherapy is of no help for patients of poor physique (ZPS >2 scores), palliative supporting therapy (BSC) is the measurement recommended in NCCN guidelines, and allopathy may be used if necessary, and as NCCN said "Participation in clinical trials is especially encouraged". (14)

Results of the study illustrate that TCM for the treatment of senile advanced NSCLC could obviously stabilize the foci, improve the clinical symptoms, elevate QOL and prolong the survival time in tumor patients. It is also inexpensive. For this special group of people, TCM could possibly become one of the main therapeutic measures, and is worthy of clinical introduction. However, the acting mechanism, standardization of medication and scientific design of the clinical trial remains to be further explored.

## References

- [1] Chinese Medicine Association. Guide of clinical diagnosis and treatment. Volume of Oncology. Beijing: People's
- [2] Medical Publishing House, 2000: 0 - 07, 29- 30.
- [3] Chu DT, editor. Evaluation on Contemporary Oncology Internal Therapy Regimen. Beijing: Peking Medical University Press, 1998:153-165.
- [4] 3. Medical Politics Office, P. R. China. Standardization of diagnosis and treatment of malignant tumor- Primary
- [5] Bronchogenic carcinoma of lung. 2nd ed. Beijing: People's Medical Publishing House, 1993:3-4.
- [6] 4 .Sun Y, editor. Oncology of internal medicine. Beijing: People's Medical Publishing House, 2000:996 -997.
- [7] 5 .Chen KJ, editor. Lung Cancer. Beijing: China Medicopharmaceutical Sciences and Technology Publishing House, 2000:3-4.
- [8] Xu ZY, Yang YF, editors. Integrated Traditional Chinese and Western Therapy of Lung Cancer. People's Medical Publishing House, 2002:7-8.
- [10] Gu YQ. Epidemiology and therapy characteristics of senile oncology (Chin). Geriatr Health Care 2002;8(2):74-76 .
- [11] Wu YL, editor. Theory and Practice of multi-subject combination therapy on lung cancer (Chin). Beijing: People's Medical Publishing House, 2000:7-8.
- [12] Ricci S, Antonuzzo A, Galli L, et al. Gemcitabine monotherapy in elderly patients with advanced non-small cell lung cancer: a multicenter phase II study. Lung Cancer 2000; 27:75 -80.
- [13] Hainsworth JD, Burris HA 3rd, Litchy S, et al. Weekly docetaxel in the treatment of elderly patients with advanced non-small cell lung carcinoma. A Minnie Pearl Cancer Research Network Phase II Trial. Cancer 2000; 89:328-330.
- [14] The Elderly Lung Cancer Vinorelbine Italian Study Group. Effects of vinorelbine on quality of life and survival of
- [15] Elderly patients with advanced non-small-cell lung cancer. J Natl Cancer Inst, 1999; 91: 66 -72.
- [16] Frasci G, Comella P, Panza N, et al. Carboplatin-oral etoposide personalized dosing in elderly non-small cell lung
- [17] Cancer patients Gruppo Oncologico Cooperativo Sud-Italia. Eur J Cancer 1998; 34: 7 0- 7 4.
- [18] Luo J, Chu DT. Evaluation of the role of quality of life in treatment of malignant tumor with traditional Chinese medicine (Chin). Chin J Oncol 2002; 24(4):41 -42.
- [19] No-Small Lung Cancer Vol.2, 2008 NCCN page 5 PREV-1



# 中医药全程治疗老年晚期非小细胞肺癌的临床研究

程剑华 刘伟胜 王志光 李志明

广东省中医院

**目的:** 评价中医药全程治疗老年晚期非小细胞肺癌的临床疗效, 为规范化、合理化、经济实惠治疗老年晚期非小细胞肺癌探索道路。

**方法:** 将 41 例全程中药治疗的老年晚期非小细胞肺癌患者与 46 例接受化疗的患者(均 60 岁以上)进行非随机对照研究, 动态观察(治疗 3、6、9、12、18 和 24 个月) 患者相关指标(包括瘤体变化、临床主要症状、生活质量、疾病无进展期、生存时间等)的变化, 并比较患者医疗费用情况。

**结论:** 纯中医药治疗老年晚期非小细胞肺癌具有明显的稳定病灶、改善临床症状、提高生活质量和延长生存时间的作用, 而且费用低廉。在对“老年晚期非小细胞肺癌患者”这个特殊群体的治疗中, 中医药有可能成为主要的治疗方法之一。

**关键词:** 中医药治疗; 全程; 老年; 晚期非小细胞肺癌;

老年晚期非小细胞肺癌患者多合并有多种慢性疾病, 许多患者难于接受手术、放疗及化疗, 更愿接受中医药治疗。本研究为非随机对照研究, 动态评价中医药在全程治疗(从确诊到病危住院或死亡, 期间没有进行手术和放化疗)老年晚期非小细胞肺癌的临床疗效, 为规范化、合理化、经济实惠治疗老年晚期非小细胞肺癌探索道路。

## 临床资料

**1. 纳入标准:** (1)年龄 $\geq 60$  岁。(2) 病理诊断为非小细胞肺癌。(3) 临床分期为IIIa 期以上【1】。(4) 中药治疗组: 不能或拒绝行手术、放疗、化疗等治疗, 要求全程接受中医药治疗且服中药 3 个月以上。化疗对照组: 不能或不曾行手术、放疗等治疗, 采用化学治疗, 预计生存期在 3 个月以上。

**2. 排除标准:** (1)合并有严重的心肺脑肝肾疾病(III期)。(2) 中药治疗组全程中医药治疗不到 1 个月而自动中止者。(3) 合并有精神病者。

**3. 一般情况:** 纳入病例为 2001 年 5 月 1 日至 2007 年 10 月 1 日在我院门诊及住院的 60 岁以上的老年晚期非小细胞肺癌患者。中药治疗组 41 例, 为门诊患者; 化疗组 46 例, 均为本院住院患者。两组病例基本情况见表 1。两组基本情况、病理类型和临床分期经卡方检验差异无显著性。

## 方 法

### 1. 治疗方法

**中药组:** 常选抗癌中药为: 黄芪 30g、补骨脂 15g、猪笼草 30g、蜈蚣 1 条、全蝎 10g、葶苈子 30g、金荞麦 30g、白英

20g、卷柏 30g、淮山 30g、五爪龙 30g 等。

颈部肿块加黄药子、山慈菇、猫爪草等; 头痛加祁蛇、乌蛇等; 骨痛加补骨脂、透骨消、骨碎补等; 气喘甚者加沉香、炙麻黄、苏子、白芥子等; 咳嗽痰黄加用前胡、浙贝、苇茎、天竺黄等; 痰中带血或咯血用紫苑、仙鹤草、白芨、三七等; 胸痛用辣蓼、白芷、徐长卿等; 胸水加龙葵、泽泻、桑白皮等; 阴虚低热用生地、银柴胡、地骨皮、青蒿等; 阳虚者加用仙茅、仙灵脾等; 气虚者加用西洋参、太子参等。

表 1 两组病例基本情况比较

	中药组	化疗组
例数	41	46
性别 (男/女)	24 / 17	36 / 10
年龄范围 (岁)	61-82	60 – 81
平均年龄 (岁)	71	69
年龄中位数 (岁)	73	68
病理类型(例)		
腺癌	27	24
鳞癌	9	13
大细胞	1	-
未分类	5	9
临床分期 (例)		
III-a	10	16
III-b	17	20
IV	14	10

患者同时配合使用抗癌中成药,包括金龙胶囊(北京建生药业有限公司)、紫龙金片(天津隆顺裕制药厂)、安康欣胶囊(安徽高山药业有限公司)、西黄胶囊(陕西唐宇药业股份有限公司),多为2种以上联合用药。发热骨痛加新癢片(厦门中药厂)对症处理。同时使用生脉胶囊(杭州青春宝制药厂)、百令胶囊(杭州中美华东制药有限公司)等扶正抗癌药物。

中药治疗组一般每周门诊就诊1-2次,并根据病情随时来诊。出现发热、气喘、感染、上腔静脉综合征、脑水肿、骨痛等均加用西药对症处理。

**化疗对照组:** 根据患者身体状况及经济水平,选择合适化疗方案【2,3】。其中GP(Gemcitabine, Cisplatin)方案10例、TP(Taxol, Cisplatin)9例、NVB(Navelbine)方案9例、EP(Etoposide, Cisplatin)方案4例、CAP(CTX,ADM,PDD)方案2例、NP(Vinorelbine,Cisplatin)方案2例、GEM(Gemcitabine)2例、VP(Vindesine, Cisplatin)方案1例、拓喜(HCPT)1例、艾素(Paclitaxel)1例、采用支气管动脉灌注化疗5例(CTX,PDD,THP,BLM)。对症用药同中药组。

## 2. 观察指标和方法

制定统一的观察表,由专人负责。观察项目包括治疗前,治疗后3、6、9、12、18、24个月和随访终止日(2008年

4月1日)当月的影像学指标(实体瘤大小)、临床主要症状改善情况、行为状态评分,并长期随访记录其生存时间。生存时间计算为从确诊为IIIa期到随访终止日(2008年4月1日)或未诊日期。

## 3. 卫生经济学评价

比较两组病例医疗总费用、平均每天费用、平均每人费用等指标。

## 4. 疗效评价标准

近期疗效从瘤体变化、症状变化、行为状态评分方面进行评价,其中瘤体有效率=(完全缓解例数+部分缓解例数)/总例数 $\times 100\%$ ;临床主要症状积分有效率=(症状好转例数+稳定例数)/总例数 $\times 100\%$ ;行为状态评分采用Zubrod-ECOG-WHO法(5分法,ZPS)<sup>[4]</sup>,其中ZPS为0-2分为治疗有效,行为状态评分有效率=有效例数/总例数 $\times 100\%$ 。

远期疗效从各时间点患者生存率、平均生存期和中位生存期以及平均疾病无进展期和中位疾病无进展期方面进行评价。

## 5. 统计学方法

生存率用寿命表法计算,其余资料分别采用t检验、u检验和卡方检验。

表2. 两组实体瘤有效率、主要症状积分有效率和行为状态评分有效率比较【%(例数)】

组别	例数	时间	有效率		
			实体瘤	主要症状积分	行为状态评分
中药	41	3月	2.4 (1/41)	97.6 (40/41)	97.6 (40/41)
	38	6月	5.3 (2/38)	60.5 (23/38)	60.5 (23/38)
	27	9月	7.4 (2/27)	55.6(15/27)	55.6 (15/27)
	19	12月	10.5 (2/19)	63.2 (12/19)	63.2 (12/19)
	10	18月	0 (0/10)	60.0 (6/10)	60.0 (6/10)
	7	24月	0 (0/7)	42.9 (3/7)	42.9 (3/7)
化疗	46	3月	10.9 (5/46)	93.3 (42/45)	93.3 (42/45)
	38	6月	7.9 (3/38)	56.4 (22/39)	56.4 (22/39)
	26	9月	3.8 (1/26)	65.4 (17/26)	65.4 (17/26)
	18	12月	5.6 (1/18)	55.6(10/18)	55.6 (10/18)
	11	18月	0 (0/11)	45.5 (5/11)	45.5 (5/11)
	5	24月	0 (0/5)	50.0 (3/6)	50.0 (3/6)

注:与对照组同期比较,  $P>0.05$

## 结果

### 1. 两组病例近期疗效比较: 见表 2.

(1) **瘤体评价:** 治疗 3、6 月时点化疗组实体瘤有效率优于中药组 ( $P=0.06$ ,  $P=0.46$ ); 9、12 月时点中药组优于化疗组 ( $P=0.35$ ,  $0.11$ )。各时点瘤体有效率均无显著性差异 ( $P>0.05$ )。

(2) **临床主要症状积分评价:** 除治疗 9、24 个月外, 其他各时点中药组临床主要症状积分有效率均高于化疗组, 但两组比较差异无显著性 ( $P>0.05$ )。

(3) **生活质量或行为状态评分:** 除治疗 9、24 个月外, 其他各时点中药组行为状态评分有效率高于化疗组。但两组比较差异无显著性 ( $P>0.05$ )。

### 2. 两组生存时间比较

随访终止日为 2008 年 4 月 1 日。中药组健在 19 例, 化疗组健在 5 例。化疗组失访 1 例, 终止日为末次诊疗时间。各时点中药组生存率均优于化疗组, 但差异无显著性 ( $P=0.54$ ,  $0.28$ ,  $0.72$ ,  $0.62$ ,  $0.69$ ,  $0.83$ ), 见表 3。中药组平均生存时间和中位生存时间分别为  $14.56 \pm 12.55$  月和 10.00 月; 化疗组分别为  $14.07 \pm 1.94$  月和 9.00 月, 两组平均生存时间和中位生存时间比较无显著性差异 ( $P=0.82$ ,  $0.18$ )。中药组平均疾病无进展时间和中位疾病无进展时间分别为  $9.76 \pm 10.10$  月和 6.00 月; 化疗组分别为  $7.30 \pm 6.42$  月和 5.00 月, 中药组平均疾病无进展时间优于化疗组, 有显著性差异 ( $P=0.048$ ); 两组中位疾病无进展时间比较无显著性差异 ( $P=0.22$ )。

表3 两组生存率比较 [% (生存例数/总例数)]

组别	例数	时间	生存率
中药	41	3	100 (41/41)
		6	92.7 (38/41)
		9	65.9 (27/41)
		12	46.3 (19/41)
		18	24.4 (10/41)
		24	17.1 (7/41)
化疗	46	3	97.8 (45/46)
		6	82.6 (38/46)
		9	56.5 (26/46)
		12	39.1 (18/46)
		18	23.9 (11/46)
		24	13.0 (6/46)

### 3. 两组卫生经济学指标比较: 见表4

化疗组资料完整, 46 例患者均有全部住院费用, 共住院 138 次, 总住院天数为 3342 天, 总住院费用为 2536519.74 元(不

包括门诊费用); 中药组资料较完整 27 例患者为特定门诊项目记帐, 总诊疗天数为 5987 天, 总费用为 774279.64 元(不包括住院费用)。中药组患者从确诊到病危或死亡平均每人费用明显低于化疗组 ( $P<0.01$ )。

表4 两组卫生经济学指标比较

分组	中药组	化疗组
例数	27	46
总费用(元)	774279	2536519
平均住院天数	5987	3342
平均每天费用(元)	$129 \pm 68^*$	$758 \pm 297$
住院次数	-	138
平均每次住院费用(元)	-	18380
平均每人费用(元)	28677	55141
	$\pm 12794^*$	$\pm 34756$

注: 与化疗组比较,  $*P<0.01$

### 4. 典型病例

林××, 女, 71 岁。2007 年 6 月确诊为右下肺腺癌伴脑转移 (T2NxM1, IV 期) 患者不愿接受全脑放疗和化疗, 自动出院转接受中医药治疗。治疗后病情明显好转, 复查 CT 及 MR 显示右肺病灶稳定, 脑内多发转移瘤明显减少。现患者诸症悉平, 饮食正常, 生活自理, 可外出旅游。2007 年 7 月至 2008 年 4 月全部医疗费用为 30615.34 元。

## 讨论

肺癌是目前世界上最常见的严重危害人类生命健康的恶性肿瘤之一<sup>[5]</sup>, 其发病率和死亡率在世界许多发达国家及我国的一些大中城市已居各种恶性肿瘤的首位, 且呈逐年上升的趋势<sup>[6]</sup>。老年为肺癌的高发年龄, 大约有 1/3 的病例发生在 65 岁以上, 且死亡率在 65 岁或 70 岁达高峰。

老年肺癌治疗方法可采用外科手术切除、局部放射治疗、全身化疗、中医中药、生物治疗、全身支持等多学科治疗方法<sup>[7]</sup>。对于大于 70 岁的老年肺癌病人, 总的治疗原则是简单、有效、副作用小<sup>[8]</sup>。

非小细胞肺癌对化疗敏感性低, 国内有关对老年肺癌化疗的文献较少。Ricci 等<sup>[9]</sup>用 Gemcitabine 治疗 46 名 70 岁以上老年小细胞肺癌的有效率为 22.2%, 中位生存期为 6.75 个月, 1 年生存率为 27%。Hainsworth 等<sup>[10]</sup>报道了单药泰索帝 (Taxotere) 治疗 38 名 65 岁以上非小细胞肺癌, 有效率 18%, 其中行为状态好的 (ZPS 为 0 或 1) 和差的患者明显不同, 分别为 26% (6/23 例) 和 7% (1/15 例)。意大利老年人肺癌长春瑞滨



(NVB) 研究组曾作过与对症支持治疗的对比研究, 有效率 20%、中位生存期为 7 个月和 1 年生存率 32%, 生存质量也比支持治疗好<sup>[11]</sup>。Fraci 等<sup>[12]</sup>用卡铂 (CBP) 和足叶乙苷 (VP-16) 方案治疗 70 岁以上、身体状态评分为 ZPS≤2 的 38 例患者有效率为 22%, 中位生存期为 11 个月。

中医药是治疗老年肺癌的一个重要手段。目前中医药治疗非小细胞肺癌的研究主要是配合手术、放化疗的辨证治疗以及协助肺癌病人的康复上, 或对晚期终末期的肺癌患者进行安慰性治疗。对于老年肺癌的治疗, 缺乏中医药全程治疗的研究。而且评价治疗效果往往不是动态评价, 使得疗效评价有可能存在偏移。

本临床研究为非随机对照研究, 以同期化疗病人为对照组。对其瘤体变化、主要症状、行为状态评分等进行动态评价, 并就疾病无进展时间、生存期、生存率进行比较分析, 旨在客观地了解中医药全程治疗老年晚期非小细胞肺癌的疗效。

本研究中中药组的样本只将门诊连续治疗>3 个月的病例入选, 而<3 月的患者是选择了其他疗法或去其他医院治疗, 还是在 3 个月内死亡不清楚, 这可能导致选择性偏倚。但在化疗组中如果患者基本情况差, 估计生存期不超过 3 个月, 一般也不会选择化疗。故两组病例选择方面降低了这种偏倚。本研究中两组病例基本情况、临床分期、病理类型相似。

生活质量评分对评价中医药治疗肿瘤有重要意义<sup>[13]</sup>。两组治疗后, 生活质量行为状态评分成上升趋势, 且大部分在各个时点上稳定率均在 60% 以上。凡是生活可以自理、可以行走者, 均按 ZPS 0—2 分计算。中药组患者在治疗期间生活基本可以自理, 可步行来院治疗, 化疗组必须住院治疗。提示中药组在提高生活质量方面优于化疗组。

初诊时中药组有 II 期病人 4 例, 化疗组有 II 期病人 9 例, 我们计算生存期均从患者病情发展为 IIa 期以上的日期开始计算。到随访截至日, 中药组存活 19 例, 化疗组存活 5 例。随着时间延长, 中药组生存期和生存率还可能延长。中药组有部分病例在未死亡之前转为住院或其他治疗, 生存期的统计以其住院或进行其他治疗开始日期为本研究的截止日期。即中药组的截止日期定义比化疗组更为严格。

二十一世纪医学是循证医学 (EBM) 的年代, 循证医学的三要素是最佳的临床研究、医生的专业临床知识和病人的价值。其中体现病人价值就是在临床治疗过程中让患者在知情的情况下, 在众多的治疗模式中有根据自己意愿及经济状况选择治疗方式的权力。

对晚期老年非小细胞肺癌国外众多研究表明, 对身体机能状态差 (ZPS>2) 的患者, 化疗是不能获益的, 在各种肿瘤的 NCCN 指南里, 推荐予以姑息支持疗法 (BSC)。必要时予以对症处理, 并支持做临床试验, 以探索最优的疗法。

本研究的结果提示: 中医药治疗老年晚期非小细胞肺

癌具有明显的稳定病灶、改善临床症状、提高生活质量和延长生存时间的作用, 而且费用低廉。在对“老年晚期非小细胞肺癌”这个特殊群体的治疗中, 中医药有可能成为主要的治疗方法之一, 值得临床推广。其作用机制、如何规范化用药及科学进行试验设计还需进一步探讨。

## 参考文献

- [1] 中华医学会编著, 临床诊疗指南-肿瘤分册。北京: 人民卫生出版社, 2005 年:106-107
- [2] 储大同主编, 当代肿瘤内科治疗方案评价。北京: 北京医科大学出版社, 1998 年: 153-165
- [3] 中华医学会编著, 临床诊疗指南-肿瘤分册。北京: 人民卫生出版社, 2005 年:129-130
- [4] 孙燕主编, 内科肿瘤学。北京: 人民卫生出版社, 2000 年: 996-997
- [5] 陈可翼主编, 肺癌。北京: 中国医药科技出版社, 2000 年:3-4
- [6] 徐振晔, 杨宇飞主编, 肺癌中西医结合治疗。北京: 人民卫生出版社, 2002 年:7-8
- [7] 顾月清主编, 老年肿瘤的流行病学和治疗特点。老年医学与保健。2002, 8(2):74—76
- [8] 吴一龙主编, 肺癌多学科综合治疗的理论与实践。北京: 人民卫生出版社, 第一版, 2000 年: 7—8
- [9] Ricci S, Antonuzzo A, Galli L et al. Gemcitabine monotherapy in elderly patients with advanced non-small cell lung cancer: a multicenter phase II study, Lung Cancer, 2000, 27:75-80
- [10] Hainsworth JD, Burris HA, Litchy S et al. Weekly docetaxel in the treatment of elderly patients with advanced non-small cell lung carcinoma. Am J Clin Oncol, 2000, 23:328-330
- [11] The Elderly Lung Cancer Vinorelbine Italian Study Group. Effects of vinorelbine on quality of life and survival of elderly patients with advanced non-small-cell lung cancer. J Natl Cancer Inst, 1999, 91:66-72
- [12] Frasci G, Comella P, Panza N et al, Carboplatin-oral etoposide personalized dosing in elderly non-small cell lung cancer patients Gruppo Oncologico Cooperativo sud-Italia. Eur J Cancer 1998, 34:1710-4
- [13] 罗键, 储大同主编, 评价生活质量在中医药治疗恶性肿瘤中的作用, 中华肿瘤杂志, 2002; 24(4):41-42

# The Application and Advantages of Traditional Chinese Medicine in the Treatment of Breast Cancer Where Chemotherapy Fails

Jianhua Cheng

TCM Hospital of Guangdong Province, P.R.China

Chemotherapy is one of the three routine therapies which are abreast of operation and radiotherapy to treat malignant cancers by conventional western medicine. The basic principle: “total cell kill” is raised up by Mr. Skipper according to their tested model of Leukemia which means that make chemotherapy kill all of cancer cells. At the eighty years of last century, Mr Hriniuk emphasizes that the chemotherapy have to completely kill the cancer cells by various strength dosages of them. These ideas have made a foundation theory on chemotherapy treatment in current modern medicine.

It appears a logarithmic relationship between the killing efficacies of chemotherapy to cancer cells that means no matter how much there are absolute modules of the cancer cells, chemotherapy will kill them in the certain percentage among all of them in each time. So the chemotherapy needs to be repeatedly done [1]. Meanwhile, it is difficult to focus an accurate target of particular cancer cells from chemotherapy which will kill many normal cells with cancer cells. So although the repeated chemotherapies have to be done, the cancer cells may have still not completely been killed, but many normal cells have gradually been damaged. Finally, the body collapses, but the cancer has still existed. This is an analogy: if put your hand into water to press a rubber ball, it suddenly floats up when you move away your hand.

At present, the criterion which is made by WHO, does not match to evaluate to the patients with a malignant cancer as an objective evaluative system. Because absence of an accurate system to predict and evaluate the efficacy of treatment, so an insufficiency, or excessive chemotherapy has always been done to the patients with malignant cancers. The later one may be used for most of cases, so it seems to have become a tendency. The current state is that it must be “cutting the weeds and dig up the roots”, if a cancer is found, it can't matter whether the quality of life is good or not. So some black corners appear out during the chemotherapy is doing which give some additional treating opportunities to TCM.

From our experience, the commonest black corners to chemotherapy are the following.

## 1. Patients being insensitive and tolerance to Chemotherapy

Breast cancer is fit with a comprehensive treating program which the operation is priority, as a routine treatment in the conventional western medicine. The Chemotherapy is in general sensitivity in a middle degree

to it.

Following with the evidence which have been researched by over 100 clinical trails with bigger samples and placebo comparison in the world, it will increase survive rate, and decreases recurrent rate of Breast cancer if assisted using chemotherapy after an operation.

Chemotherapy can increase existence rate without recurrence to the patients who are found positive in the auxiliary lymph nodes. But we have still found the chemotherapy not produce the effect to a many cases who are ineffective, even using the expensive drug in the secondary line from a clinical observation. This insensitivity and tolerance to chemotherapy may be caused from heterogeneity of cancer, various genes in the individual constitution, and different genetic expressive spectrum.

There are debates [2] whether select the assisted chemotherapy to such cases that are existence of negative auxiliary lymph nodes, but positive estrogen receptor or not. The chemotherapy is suggested by most of doctors to the cases who are diagnosed a Breast cancer in I or II degrees with a positive lymph nodes transformed; but there are different ideas from doctors to the cases who are staying a negative result to auxiliary lymph nodes [3].

Because only approximate  $\frac{1}{4}$ - $\frac{1}{3}$  of these patients may have a transformation in a far region, it will make unnecessary excessive treatment to the rest of  $\frac{2}{3}$  to  $\frac{3}{4}$  patients if giving the chemotherapy to all of them. The chemotherapy to Breast Cancer (Anthracycline type) is possible to cause an acute damage, or delayed seizure of cardiac muscle; easily appear a tolerance with its dosage. For the severe case, a mortal mycardiopathy may happen. This incidence of heart muscle damage which is caused by a program acceptance of Chemotherapy in an Anthracycline after an operation has been recognizing. It has become one of reasons to cause mortality for the patient with Breast Cancer in an early stage [4].

That the advantages of TCM are abreast of Chemotherapy are that it reduces and prevents the damage for heart [5, 6], kidney [7], bone marrow and side-effect to Gastrointestinal system [8] which are caused by Chemotherapy and guarantees the Chemotherapy to go further on smooth.

This is a black point of the chemotherapy to the patients with Breast Cancer who possess a negative auxiliary lymph nodes, but a positive estrogen receptor, even the senile people. It needs to do a further research on whether there is either a necessary, or an excessive treatment to these groups of patients. It makes a good opportunity to start a TCM treatment to these patients at this situation. I believe that it is necessary to accept TCM

and hormonal treatment together to those patients with Breast cancer, even senile people after an operation, keep off the chemotherapy for them which will avoid the side-effect from Chemotherapy and keep the existence of life. If we will start a clinical trail on this point, it must be valuable and clinical significant research.

I believe that it is necessary to accept the chemotherapy to the patients with positive to both of auxiliary lymph nodes and estrogen receptor after an operation is done. If they keep taking TCM treatment, the efficacy of prevention cancer's recurrence and transformation has been proved by the clinical research of more than 100 cases in our clinic.

## 2. Patients in a weak constitution or senility

The fact of that the chemotherapy can't give benefit to the patient in a poor general condition (PS>2) has been indicated by many researches on abroad. In various directions of cancer (NCCN), the support treatment is suggested, also is necessary to give allopathic treatment to these patients. The clinical research is encouraged to find the best program to this group of patients.

For these patients with weak condition, or senility, who are unfit to accept chemotherapy, TCM is the best selection, because it emphasizes to strengthen the general constitution, nourish the upright Qi, then remove the pathogenic factors under a perspective of the body as a whole, protection of congenital and acquired essences. So it may make both existences of cancer and life together, let patients with a better quality of life, possible a longer life.

## 3. Patients refusing the routine treatment of chemotherapy

The chemotherapy in general is appealed to the patients with cancer in the middle and final stages as its main treatment. In the current state, the chemotherapy has to be used to the patients with a malignant cancer which has actually been indiscriminately used to most of them. It is a common phenomenon that the chemotherapy will continue until the end of life. Because under guiding of an authoritative theory "Killing all of cancer cell", the chemotherapy has to be accepted by the most of patients who suffer from a cancer. It seems that never matter whether the quality of life collapses or not, the cancer must be killed completely----like an adage 'Cut the weeds and dig up the root'. Due to a general indiscriminate or excessive use of chemotherapy, it has made disadvantage more than advantage to appear from the chemotherapy; so many patients frighten and refuse to accept it. This condition is gradually spreading from senior and weak people to the people in middle age. So these groups of patients expect to accept TCM treatment.

WHO rises that the individuality in the medical service is the best level. At moment, it has been too much emphasized a routine treatment that the chemotherapy is given from the drug in the first level, to the one in the secondary level after a malignant cancer is diagnosed. Following with requirement of evidence base medicine, the Individuality and humanism will become more

necessary in the current medical service. Actually, we will make an integrated model between the individuality and routine treatment.

We recognize that the purpose of our treatment should be enlarging the life and raising the quality of life to the patients with malignant cancer. So our work should be finding the target which focus to the individual person and particular condition of her/his cancer. Comparing with the benefit and side-effect from treatment, the best suitable treating program will be selected to the particular case.

Chemotherapists believe that the program with a good individuality should think only from a suitable drug, its relevant dosage and using steps to a particular case. We believe that we should make the best program from all of treating approaches, operation, chemotherapy, radiotherapy and TCM. This is an objective attitude as an oncologist.

For the case that refuses the chemotherapy, we have made a series of TCM treating models according to various patterns, stages of cancer and constitution of patients: such as removing the pathogenic factors at first and strengthening the upright Qi later; or strengthening the upright Qi at first and removing the pathogenic factors later; or general reregulation as the main strategy. We have stated a foundational theory of TCM treatment to cancer. In these theories, the various treating principles, formulae and relevant herbs have been confirmed around of operation, chemotherapy, radiotherapy and rehabilitation respectively. TCM will play the important role to the patients who refuse the chemotherapy.

Following with the senility in population, westernized in the dietetic custom and environment aggravated, the incidence of breast cancer has been increasing up in the worldwide. From a prediction made in USA, there is 40% life among the living population today who will be diagnosed to suffer from a kind of cancer at a particular moment during his or her life. This figure will rise up to 50% until 2010.

The human will be existence together with diseases during whole of his / her life. For the cancer, it may be impossible to find a curable therapy which we expect in a short time. So it may possess more practical significant to make the damage which cancer causes decreases to a bearable level by human being, like a chronic disease. Because the purpose of treatment is that control and reduce the damage to the life from cancer not that kills all of cancer with ignorance of life's safety. Actually, it is impossible to kill cancer cells completely. We need to control cancer cells in a scope which is possible to make them control and regulate.

In 2000, Recist--- a standard of treating cancer which are created by the both oncologic associations in USA and Canada states treating routines to decades of cancers and rises the new idea "the cancer is a kind of chronic disease", the 'Killing' is not a final purpose to cancer treatment. So the patient with cancer may need to accept a treating program in the whole rest of his/ her life. From an evidence of more and more researches, the best practical treating method may be to obstruct the cancer developing, maintain it in a stable level, and decrease its damage to body, by applying various modern scientific treatments. This idea has gradually been accepted by the

medical profession that treating the cancer should be like treating a chronic disease. Medical service should do the best to raise the quality of life, and allow patient's safe existence with cancer for a long time.

TCM is a treating method to the patients with cancer, but there also are many professional approaches to discuss in us. We need to find a way to identify when the best time to take a TCM treatment is? How to make tumor stable with TCM? In which developing stage, TCM is easy effect to make tumor stable? How to confirm the safety on the existence of life with cancer?

I believe it is the best way to remove tumor to the patients with Breast cancer in the early and middle stages; but TCM should be selected to the senile, weak patients who can't bear the operation.

TCM will focus to treat the symptoms which directly frighten to the life and do the best to release them. We should take a principle of "following with" to the local cancer which doesn't cause the life threatening at contemporary. The strengthening the constitution of patient is the priority of TCM. We should take TCM treatment during of the periods when Chemotherapy appears some black corners. We would be becoming the best routine in the treating program.

The clinical trail or research on the applying multiple therapies, involved TCM treatment to breast cancer with a larger sample and predicted perspective have not been done enough at moment. Some researches on the treatment of complementary and alternative medicine (CAM) to prostatic cancer which are done on abroad are more standardization and science, comparing with the ones which are done in the China. We should be doing the herbal pharmacological research on their efficacies of anti-cancer and clinical standardization of patterns differentiation in TCM theory.

I believe that TCM is a part of the internal oncologic treatment and plays a complement and extensive role to Chemotherapy. My idea is that for the patients who are involved in above 3 conditions should select TCM treatment immediately. For these kinds of cases, the treating principle is that TCM is priority to take; chemotherapy drug will be avoided; for some refractory cases should select TCM or chemotherapy according to the particular condition of him / her; for the severe and weak cases, it is the sanity choice to take an integrated medical program of Chemotherapy and TCM.

The patients with cancer need a whole life treatment; it is possible to keep both existence of life and cancer safely, there are foundational theories of TCM to prove those ideas. The researchers of conventional western medicine have gradually recognized these practical ideas, although we origin from a different theoretic sources. The successful research has made a routine direction on TCM treatment to cancer that the particular formula will be suggested to use in relevant patterns according to the various stages of cancer. Many experts exchange their experience on the internet---- this good platform to update the pattern differentiated system and contribute more and more effective formulae (12). This success has made TCM play more and more important role on the cancer treatment.

The further research on TCM should be that makes the precise efficacy during the whole procedure of cancer

treatment; designs a clinical trail to confirm the efficacy of TCM on the patients with breast cancer who has a negative auxiliary lymph nodes and a positive estrogen receptors in a large sample and long time's observation. TCM should prove its effect, and then it is able to confirm its position among the multiple therapies to cancer.

The best TCM treatment should be created from those points as below:

- 1) Take the theoretic guiding of the perspective of the body as a whole and differentiated pattern of TCM;
- 2) Take the reference from the current possible provided findings from scientific researches;
- 3) Take a professional technique and personal experience; and 4) consider the patients affordable capability and will. If you always follow above principle, you will make a successful treatment and give great benefit to the patients with breast cancer.

## References

- [1] Liu Yunpeng, Questions in chemotherapy for tumors. *Lao Ning Medical Journal*. 2003, 17 (1) : 15-17.
- [2] Chen Longbang, Liu Fukun, Evidence based oncology, Zhenzhou University Press, 1st edition, March 2003: 184
- [3] Chinese Medical Association, Clinical Therapeutic Guides – Oncology. People's Health Press, 2005, 11:170.
- [4] Guan Xunxing, Hu Ying, Injury to the myocardial muscles from chemotherapy with Anthracycline and radiotherapy after breast cancer, in *Lectures on Oncology* by Zen Yixing, Rong Tiehua, Zhenzhou University Press, May 2005: 177
- [5] Cheng Jianhua, Liu Weisheng, Chen Chunyong, Clinical Study on the prevention and treatment of injury to myocardial muscles caused by amycin with Heart and Qi Tonifying Chinese Herbal Medicine. *Journal of Traditional Chinese Medicine (supplement)*, 2004:86-87.
- [6] Cheng Jianhua, Chen Chunyong, Li Liuning, Clinical Study on the treatment of 31 cases of heart toxicity caused by amycin with Heart and Qi Tonifying Chinese Herbal Medicine. *New Journal Chinese Medicine*. 2003, 35(11): 23-24.
- [7] Cheng Jianhua, Zhang Suole, Long Hao, Clinical Study on the Prevention and Treatment of renal toxicity caused by chemotherapy with Spleen Strengthening and Water Reducing Decoction. *Journal of Integrated Chinese and Western Medicine*. 1994, 14(6): 331-333.
- [8] Situ Hongling, Impact of Chinese Medicine Ai Fu Kang on Survival Quality of Breast Cancer Patients after Surgery and Chemotherapy, *Journal of Guangzhou Traditional Chinese Medicine University*, 2005, 22(1): 26-29.
- [9] Guan Zhongzhen, Effects and Perspectives for the role of chemotherapy in the cancer. *Guangxi Medical Journal*, 2005, 27(4): 461.
- [10] Lin Yi, Tang Hanjun, *Breast Diseases in Modern Chinese Medicine*, first edition, People's Health Press, May, 2003: 75-78.
- [11] Zhang Qunhao, Chen Keji, Progress in the Study of American PC-SPES (Chinese Herbal Formula) in the treatment of Prostate Cancer. *Journal of Integrated Chinese and Western Medicine*. 2001; 21(4):295-296.
- [12] Lin Yi, Chen Qianjun, Liu Xipeng, Standardization of Syndrome Differentiation in Breast Cancer – an important issue in Breast diseases of Traditional Chinese Medicine. *Bulletin of Integrated Chinese and Western Medicine*, 2006; (5): 1-3.

## 杂谈忌口(饮食禁忌)

孟凡毅

忌口是中医文化的一部分,具有明显的时代特征和地域特色。在中医实践中,争议颇多。笔者与诸多中医师交流中发现,在英国的中医师对此问题所持态度,因各中医师个人行医经历和师承的关系,有南辕北辙之感,深感澄清之必要。征诸临床实践,结合古代文献及现代营养学知识,将其渊源汇总如下。

忌口一词,有中医和文化双重含义,源远流长,深具文化特色。在古代文化中,忌口可以是由于信仰或传统的原因,而选择不吃某些事物,如佛教徒之忌讳肉食,守丧期之不饮酒,回族不食猪肉,等等。《景德传灯录·从展禅师》:“闻说和尚不解忌口”。忌口二字意为口的禁忌,实指饮食禁忌。这种文化信仰发展来的忌口,持续时间长,可能为终生禁忌,或特定时间的禁忌。比如,某些特定人群的素食信仰和实践。

某些社群中,还流行某些特定禁忌。如寒食节,不可用熟食;某些地方儿童禁忌吃鸡爪,认为孩子吃了,写字便如鸡爪。诸多忌口,以孕妇为甚。《本草纲目》列有85禁忌,“妊妇食姜,令子余指”(怀孕的妇女如果吃姜,会生出有余指的孩子。余指,多于正常的手指,六指之类),所以孕妇不能吃姜。另外许多地区禁止妇女吃兔肉,认为可能导致生出的孩子患兔唇症。这些禁忌,多数来源于民间传说,和中医药理论中的食补学说中的“以脏补脏”有关。其实这些禁忌,多数和现代中医实践无关。

更有许多民族的和地区的忌口,颇多迷信成分,兹不多絮。其实在英国的许多少数民族人群中,这样的禁忌也很多。应该在问诊时搞清楚。

在中医实践中,忌口则指出于治疗或预防需要,恪守限制,不食用某些食物。

在中医文献中,最早的饮食禁忌记载,见于《伤寒论》当中的某些方剂的服药说明,如“禁生冷粘滑肉面五辛酒酪臭恶等物”的记载。张仲景所说“所食之味,有与病相宜,有与身为害,若得宜则宜体,害则成疾,以此致危”,便是此理。更有诸多“食复”记载。饮食不当可以导致疾病复发,或减弱中药疗效,这已经成为常识。然而忌口一词进入中医词汇,则是宋代文献。见宋·欧阳修《与陈比部书》之四:“住娘近日颇肯忌口,亦渐向安,谢念及也”。

众所周知,在唐代中医已经有孟诜《食疗本草》,南唐·陈士良《食性本草》、明·汪颖《食物本草》等,都是这方面的专著,说明关于饮食与健康的研究已经达到相当水准,在辨证进食,按体质进补方面形成体系。然而关于忌口,中医文献记载,确实支离破碎,无系统可言。根据散在中医文献,忌口包含三方面。根据疾病病情忌口,又分二种。

**配合辨证论治:**凡热证患者,不宜食辛热实物;辣椒,胡椒,牛肉,羊肉都在忌口范围;凡寒证患者,远离寒凉之品;生冷蔬菜,冰镇饮料,需要忌口;急症患者,忌讳油腻食物;油炸食物和肉类应该忌口;湿痰患者不可进食粘腻食品和奶制品等,在英国,奶酪(Cheese)一定要忌口,这方面中医界基本形成共

识。

**根据疾病诊断:**消渴患者不可食含糖食品,痛风禁食肥甘厚味(肉类食品,特别是红肉,如羊肉牛肉等),湿疹不可用虾蟹,水肿患者不可食用咸重食品,疮疡患者忌辛辣食物和酒,失眠当戒茶(午后及睡前)。这方面,传统知识已然不足,必须结合西医和营养学知识,逐个分析。

**配合服药忌口:**中药各具性味特征,而且相互之间可以产生增效或减效作用,某些食物亦可与中药产生化学反应。因此,服用中药前后的时段,不可服用某些食品,这里内容甚多。

如服人参时忌萝卜,服鳖甲忌茺菀。服中药时不要喝浓茶,因为浓茶里含鞣酸很多,与中药同服会降低疗效,应以喝白开水为主。服中药时不能吃辣椒,特别是热性病症,服清热凉血或滋阴降炎药时更不宜吃辣椒,否则会使治疗无效或疗效减弱。

腐乳中含有一种蛋白酶会抵消中药的药效,也是需特别“忌口”的。与腐乳类似,黄酱,甜酱,大酱,豆豉等均含这些酶,应一并停止。对英国病人,奶酪(Cheese)尤其是一种Danish Cheese,这方面作用显著,必须禁忌。菠萝(pineapple)也要禁忌,原理相同。

红葡萄酒,尤其是廉价的,可以在肠道内阻止许多事物药物成分吸收,所以,药前药后半小时都不能喝。

**防止食复:**大病初愈,不可遂补,更不可进食肥甘。除高营养食物外,滋补药也要谨慎使用。一般而言,防止食复,主要依据患者所患疾病,体质和恢复情况。在英国的实践中,曾经遇到多个患者,流感过后,服用辛辣食物,或饮酒,导致咽喉肿痛,咳嗽复发。

民间中医界关于忌口,常用禁食“发物”来解释。发物并无严格界定,中医学术圈也没有确切定义,发物概念来自对麻疹一类疾病的临床实践。某些中药和食物有促使麻疹出全,出透的作用,使用正确,可以缩短病程,减轻患儿痛苦,这种作用称为“发疹”。具有这种作用的中药成为透疹剂,而具有这种作用的食物被成为发物。

传统的发物专指具有辛温性味的食物,如烟、酒、葱、蒜、韭菜、卤制品、油炸物等。著名中医秦伯未在《中医对于病人的膳食问题》中指出:“凡能引起口干,目赤,牙龈肿胀,大便秘结的芥菜,韭菜,香菇,金花菜等,都有发热的可能,俗称发物”。

现代某些学者的研究偏于泛泛,把可能妨碍疾病康复的食品皆列为发物,列为六大类,多少小类,并且把可以加重病情,或西医认为可以致癌的某些食物,均列为发物,态度不甚严谨。笔者认为不妥。中医素有关于毒邪的研究,酒多致酒毒,螃蟹可致蟹毒,豆角有毒,均有记载。他们对身体的作用与发物大不相同。这些内容是病因学研究内容。如果按照这个理论,我们没有可以食用的安全食品了。桂枝,丁香等香料,都发现有致癌成分,所有腌制,熏制的食品也不能幸免,烤肉,炸肉更不安全,岂不草木皆兵?

笔者所见,发物不是致病的病因,而是食物中能够促使疾病表达出其外在特征的,如导致皮肤,头面部症状或情志反映者。如果食物中,那些虽然能妨碍病情,但其特质为寒凉一类者,虽能加重病情,不可称之为发物。原因是,病情往往转为内伤阳气,或脏腑损伤,病机相反。

常见发物,大概可以归纳为:香料类,菌类,海鲜类,奶制品,发酵食品,富油食品,以及动物内脏。

发物之所以会导致旧病复发或加重病情,有学者归纳起来认为有三种可能性:一是上述这些动物性食品中含有某些激素,会促使人体内的某些机能亢进或代谢紊乱。如糖皮质类固醇超过生理剂量时可以诱发感染扩散、溃疡出血、癫痫发作等,引起旧病复发。二是某些食物所含的异性蛋白成为过敏源,引起变态反应性疾病复发。如海鱼虾蟹往往引起皮肤过敏者荨麻疹、湿疹、神经性皮炎、脓疱疮、牛皮癣等顽固性皮肤病的发作。豆腐乳有时也会引起哮喘病复发。三是一些刺激性较强的食物,如酒类、葱蒜等辛辣刺激性食物对炎症感染病灶,极易引起炎症扩散、疗毒走黄。这就是中医所说热证实证忌吃辛辣刺激性食物发物的道理。

忌口不等于局限于对发物的认识,应当根据中医辨证论治,辨病论治,和体质分析,综合考虑。

忌口不是闭口,凡药三分毒,食物也有偏寒偏热的区别,和性味强弱不同。传统中医强调,平衡五味,平衡五谷,五果,蔬菜,肉蛋,使所摄入食物的总体达到平衡。忌口就是避免事物中不利于病人和个体健康的成分,因此,忌口也应该是个体化的方案,不能一概而论。

曾经有病人就诊于某医生,服药三月,病情几乎痊愈,但忍受不了忌口限制,转而求诊于我。“I am living like a monk, I can do this for three months, but I can not keep this for the rest of my life. I do not know if I should go back to ordinary life with the pain, or keep life like this without pain.” 仔细询问,该病人被告知,面包属发酵食品,蘑菇,牛奶,奶制品,汽水,茶,咖啡,都必须禁止,连柑桔之类的水果都不可以吃。每日只有西兰花,鸡蛋等可以食用。经详细调查,告诉病人逐步尝试蘑菇,桔子,煮牛奶,绿茶,面包,并且详细记录身体反映,最后,确定新鲜奶制品和奶油必须忌口,而新鲜牛奶煮熟后就没问题,其他食物逐步正常食用。

一旦确定某些事物不能食用,其营养成分就需要用其他食品来获取,因而其他食物的平衡就更重要,不可因为禁忌食

物导致新疾病或营养不良发生。比如病人不能食用奶制品,蛋白和钙的摄入就明显减少,必须建议病人增加其他富含蛋白质和钙的食品,并且采用适当的方法,预防营养不良。

同时,凡是建议病人忌口,一定要有时间观念,不能轻易建议患者终生禁忌。病情发展了,饮食禁忌的内容就必须重新评估。

另有一种情况,对病人非常有害,即累计禁忌建议。曾经见一牛皮癣病人,患病多年,先后就诊于多处,中医西医都对饮食有建议。结果,此病人决定对所有一并采纳,从开始的2-3种食品禁忌,到后来,禁忌食品单子长达30多种,患者非常沮丧,每次外出在餐馆就餐后,就产生负罪感,结果深受其害,发生抑郁证,前来就诊。经仔细分析,患者为血热兼肾阴虚,除中药针刺治疗外,饮食禁忌只列了酒,辛辣食品,奶制品,和海鲜。病人感到如释重负。诊疗数月,牛皮癣得到控制,而抑郁证则全无。

考虑保健防病的目的,目前的最好方案就是,多元化进食。可能某一种食物内含有某些致癌物,但少量服用后即停止,身体可以逐渐清理这些毒素。过一定时间再食用,就可最大限度减少毒素积累。采取一定的食物轮换机制,就能控制每一个食物都不会积累毒素在体内。

另外一个需要注意的是,许多原本需要禁忌的事物,经过合理烹调后,其导致病情加重的成分就大大减少。例如,鱼虾之类,古人一直建议用葱姜和酒一起烹调,这样一来就比较安全;鸡蛋半煮熟食用,对很多人就是发物,彻底煮熟,就很安全。

如果不能肯定某一种食物对某个患者一定有害,可以采取小量试用,逐步增加的办法,来断定是否可以吃。

### 忌口的地域流派差异

南方,受煲汤饮食文化的影响,两广一带,进食讲究甚多。北方,食品单纯,忌口讲究少。其实,这反映了因地制宜的原则。如果不加分析,直接应用在英国患者身上,恐怕不利于治疗。

**孕妇忌口:**桂圆,酒,香气重的香料,茴香、花椒、辣椒粉、胡椒等调味品性热且有刺激性,准妈妈的肠蠕动本就减缓,若再服用此类食品,易造成便秘。

## 英国中医药学会会刊 Journal of ATCM

本学术刊物对 ATCM 会员免费(每位会员限定一本),对非会员收费每本£4.00,另收包装和邮费£1.50,共计£5.50,需购买会刊者请将支票寄往办公室,支票请付 ATCM. 14 天内寄货

This journal is free to ATCM members (one copy per member), and £4.00 plus £1.50 p&p for others. If you want to buy the journal, please make your cheque payable to the Association of TCM and send it to ATCM office.

Please allow 14 days for the delivery.

## Wuzhualong – An Efficient Herb of South China

Tiejun Tang

Asante Academy of Chinese Medicine

Wuzhualong, also called Wuzhimaotao (*Ficus simplicissima* Lour), is a native herb of south China, which attribute to *Ficus* of *Moroideae*. It has been called Southern Huangqi, Local Huangqi and Five Fingers *Ficus*. It is mild in nature, pungent and sweet in taste. Its channel tropism is Spleen, Lung and Liver. It has many functions including benefiting Qi and invigorating deficiency; smoothing and releasing Qi stagnation; strengthening tendons and dredging meridians; invigorating Spleen and expelling dampness; expelling phlegm and releasing cough. This herb has been widely used in the southern China, especially in the Canton province. My PhD tutor Professor Tietao Deng, often selects this herb in his clinical practice. It can be used to treat many diseases if combined with various other herbs.

Dr. Deng's clinical experience about this herb, are as follows:

### **To benefit Qi and invigorate deficiency, functioning similarly to Huangqi**

This herb has a function of invigorating Qi, especially to benefit the Qi of Spleen and Lung. This function is similar to Huangqi so it has been called Southern Huangqi. It can invigorate Qi without causing too much Fire. It is less heating than Huangqi, so it is more suitable for patients of southern China living in a tropical climate. Wuzhualong has often been used to treat symptoms that are due to Spleen and Lung Qi deficiency, such as tiredness, shortness of breath, palpitations, poor appetite, abdominal distension, and loose stools. It is often combined with Dangshen, Baizhu and Fuling. If necessary, it can be combined with Huangqi to increase the function of invigorating Qi.

### **To expel Bi Syndrome, dredge meridians, and a combined purging and nourishing functions**

In southern China there is more incidents of Bi Syndrome due to the damp weather. This syndrome is mainly due to Wind, Cold and Dampness. In some case it is due to Damp-Heat. It causes joint and muscle pain. Professor Deng often uses Wuzhualong to treat Bi Syndrome. Not only does this herb have a tonic function but the ability to expel Wind-Damp and dredge meridians. It has a combined purging and nourishing function in one herb. It can also be combined with other herbs such as Duhuo, Qinghuo, Sangjisheng, Kuangjinteng, Luoshiteng, Xiqiancao, Weilingxian, etc.

### **Invigorating spleen and lung, expel phlegm and release cough**

Chinese Medicine believes "Spleen is the source of phlegm and the Lung is a container of the phlegm". The patient suffers from Spleen and Lung Qi deficiency must get cough and/or phlegm. Wuzhualong can be used to treat any cough with or without phlegm, and any phlegm

with or without cough. In the case of a severe cough, it can combined with Baibu, Xingren, Zhiyuan; in the case of profuse phlegm, it can combine with Banxia, Qianhu and Jiegeng; for Lung Yin deficiency it can combined with Maimendong, Beishashen, Baihe; for cough with superficial syndrome it can combined with Sangye, Jinyinhua and Lianqiao.

### **Promoting urination to expel oedema; regulating menstruation and promoting breast milk secretion**

Wuzhualong can also be used to treat oedema through promoting urination. It is more suitable for the oedema due to Spleen deficiency. In this condition it can be combined with Zexie, Fulingpi, and Zhuling; for irregular menstruation it can be combined with Danggui, Xiangfu, Nvzhengzi and Hanliancao; for scanty breast milk after delivery it can combined with herbs such as Wangbuliuxing, Lulutong, Tongcao and Yimucao, etc.

Besides the use of Wuzhualong as a medicine, it can also be used in food therapy. Many Cantonese boil the herb with pork or chicken soup. It has an effect of strengthening the body, expelling Dampness and dredging the Meridians. It can build immune function and prevent disease from occurring. The health wine that is made from Wuzhualong, has become more and more popular in recent years.

Why this herb has such effective functions? The Medicinal Chemistry research showed Wuzhualong mainly containing psoralen, bergapten, aminophenol, glucide, sterol, and coumarin [1]. The pharmacology research shows that this herb has antibacterial, antiviral, and anticoagulant properties, inhibits cancer and regulates the immune system. Some researchers used Cyclophosphamide to inhibit the immune function of mice. They find Wuzhualong can increase the carbon particle clearance index, increasing the thymus and spleen index and raising hemolysin level. The results indicated that Wuzhualong has an effect of improving the immune system [2].

The weather of the United Kingdom is much different from southern China. In general I've observed that most British people have a hot constitution because of dietary or genetic reasons. In my opinion Wuzhualong may have a better effect than Huangqi for invigorating Qi. It is also a good choice for dredging meridians, expelling Bi Syndrome and phlegm, as well as releasing cough. If the herb Wuzhualong interests you, have a try.

### **Reference**

- [1] Jiang Bin, et al. (2005) 'The Chemical component research on Wuzhimaotao'. *Chinese Traditional and Herbal Drugs*. 36, (8), p. 1141-1142.
- [2] Liu Chunling, et al. (2004). 'An experimental study on Wuzhimaotao's effect of immune function of mice.' *Journal of Chinese Medicinal Materials* 27, (5), p.367-368.



# 岭南妙药五爪龙

唐铁军

伦敦中萨大学中医院

五爪龙又称五指毛桃 (*Ficus simplicissima* Lour)，为主产于中国岭南地区的地方草药。属桑科榕属植物，有南芪、土黄芪、五爪毛桃等别称。本药味辛甘而性平，入脾、肺、肝经，具有益气补虚、行气解郁、壮筋活络、健脾化湿、止咳化痰等功效。在中国南方尤其是广东地区有广泛的临床应用。导师邓铁涛教授在临证处方中最善于应用此药，与不同的药物配伍可以治疗多种临床病证，现将邓老应用五爪龙的临床经验介绍如下：

## 1. 益气补虚，效比北芪

本药具有补气作用，善补脾肺之气，其补气作用类似于黄芪，故有南芪之称，但具有补气而不作火的特点，少了北芪之温热之性，更加适合南方的气候及体质特点。常用于气虚所致的乏力倦怠，气短心悸，纳差食少，腹胀便溏等脾肺气虚之证。常与党参，白术，茯苓等药配伍，必要时也可以与北芪同用，以加强补气功效。

## 2. 除痹通络，攻补兼施

岭南多湿，易感痹证，风寒湿邪导致的关节及肌肉的痹痛较为多见，或兼有湿热痹证。治疗此类病症，邓老善于用五爪龙。本药除了有补虚作用外，尚有祛风湿、通经络的功效，一味单行既有攻补兼施的作用。常配伍的药物有独活、羌活、桑寄生、宽筋藤、络石藤、豨签草、威灵仙等。

## 3. 补脾益肺，化痰止咳

中医认为“脾为生痰之源，肺为贮痰之器”，脾肺气虚之人必有咳痰单见或兼见。五爪龙可以用于各类有痰或无痰之咳以及有咳或无咳之痰。咳重者配百部、北杏仁、紫苑；痰多者配半夏、前胡、桔梗；肺阴不足者配麦门冬、北沙参、百合；兼有表邪者配桑叶、金银花、连翘。

## 4. 利水消肿，调经通乳

五爪龙还可以用于利水消肿，尤其适用于脾虚水湿不运导致的水肿，可配伍泽泻、茯苓皮、猪苓等。对于月经不调多配伍当归、香附、女贞子、旱莲草等。亦可以用于妇女产后乳汁不通，多与王不留行、路路通、通草、益母草等配伍。

除药用作用之外，岭南民间还时常将此药与鸡或排骨一同煲汤，寓药补于食补。用于强身健体，除湿通络，提高机体免疫，防病于未然。近几年五爪龙酿制的保健酒也有了越来越多的市场。

五爪龙为何会有如此神奇的功效？现代药物化学研究发现，五爪龙提取物的主要成分是含有补骨脂素、佛手柑内酯、氨基酸、糖类、甾体、香豆精等[1]。药理研究表明，本药具有抗菌、抗病毒、抗凝血、抑制肿瘤、免疫调节等作用，有研究显示本药能显著提高环磷酰胺所致免疫功能低下小鼠的碳粒廓清指数，胸腺、脾脏重量指数及血清溶血素水平，提示五指毛桃对免疫功能具有调节作用，能提高机体的免疫功能[2]。

英国气候特点显然不同于中国岭南，但英人由于饮食习惯，素体遗传等因素，体质偏于阳热。补气之选五爪龙在某些方面可能优于北芪。通络除痹，化痰止咳之功更是极好的选择。读者有心，不妨一试。

## 参考文献

- [1] 江滨, 刘占强, 曾元儿等 (2005) “五指毛桃化学成分研究”，中草药. 36, (8), P 1141-1142.
- [2] 刘春玲, 徐鸿华, 吴清和等 (2004) “五指毛桃对小鼠免疫功能影响的实验研究”，中药材 27, (5), P 367-368.



五爪龙又称五指毛桃 (*Ficus simplicissima* Lour)

## 征稿启事

英国中医药学会会刊为中英文双语学术期刊，每年三月和九月发行两期，并可在学会网上阅览。为了提高本会刊学术水平和质量，同时使大家借此互相沟通学习，不断提高专业水平，欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，病例分析，行医心得，理论探讨或研究成果。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

来稿中文或英文均可，中英双语更受欢迎。字数中文 3000 字以内，英文 2000 字以内，并附 200 字以内摘要。所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时再投向其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 [info@atcm.co.uk](mailto:info@atcm.co.uk)。请注明“杂志投稿”字样。

下期来稿截至日期为 2011 年 2 月 20 日。

## Call for Papers

The Journal of ATCM is a bilingual TCM academic magazine that is published twice annually in March and September. In order to hence and maintain the academic quality of the journal, the Editorial Committee welcome our members, other TCM professionals and members of public contributing papers on TCM clinical experience, case studies, theory and literature, or research reports etc.

Papers can be in Chinese or English, but preferably bilingual, with no more than 3000 words in Chinese or 2000 words in English. An abstract of 200 words should be attached. All the submitted articles or papers are not being simultaneously submitted to other journals, and also it has not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. The journal of ATCM maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

All the papers should be sent to the Editorial Committee via email [info@atcm.co.uk](mailto:info@atcm.co.uk). Please indicate "paper for Journal of ATCM".

Deadline of paper submission for next Issue (Volume 18 Issue 1) is **20th February 2011**.

## Guideline of English Standard for Authors

1. Please run a spell check on your computer before submitting.
2. Only use sentences (not fragments) containing a subject, verb and object.
3. Avoid long and confusing sentences with commas and semicolons.
4. Double check that you use the proper tense. We would recommend writing case histories in past tense, eg. the patient had... (not has...)
5. There should be a space following a comma or full stop.
6. All herbal names should have their proper Pin Yin and Latin name.
7. All acupuncture points need to be named according to convention (Ki 7 Taixi)
8. Referencing should be Harvard.
9. Avoid phrases that are difficult to express or translate in another language or explain them properly



# 2011

## 第八屆世界中醫藥大會

### The 8th World Congress of Chinese Medicine



## 中醫藥有利于人類健康

### Traditional Chinese Medicine Benefits Human Health

2011年9月2-3日，星期五、星期六  
2<sup>nd</sup> - 3<sup>rd</sup> September, 2011 (Friday & Saturday)

英國倫敦市  
London, United Kingdom

Organized by: World Federation of Chinese Medicine Societies (WFCMS)

主辦單位：世界中醫藥學會聯合會 [www.wfcms.org](http://www.wfcms.org)

Hosted By: The Association of Traditional Chinese Medicine (UK)

承辦單位：英國中醫藥學會 [www.atcm.co.uk](http://www.atcm.co.uk)

Executive Host: Omega Group

執行單位：歐美嘉集團

Co-Hosted by: To Be Confirmed

聯合承辦：待定

Supported by: State Administration of Traditional Chinese Medicine of China

Pan European Federation of TCM Societies (PEFOTS)

支持單位：中國國家中醫藥管理局

全歐洲中醫藥學會聯合會

[www.2011wccm.com](http://www.2011wccm.com) (English)

[www.wfcms-wccm.com](http://www.wfcms-wccm.com) (中文)







FREE PHONE 0800 612 0288

# ShiZhen

## 時珍中醫藥批發

### 來自英國藥管局的最新消息：

从2011年4月30日开始，经营中医药的批发公司将不再允许销售未获得英国药管局批准的(也即没有获得LICENCE或注册)中成药。

中医诊所在2011年4月30日以后，原来已经在诊所库存中的中成药不需要下架，也即诊所可以继续销售在2011年4月30日前购买的中成药。

鉴于上述情况，中医药公司和中医诊所都有必要认真考虑在2011年4月30日前的中成药合理库存量。



• 中藥配方服務



• ACUPRO系列優質針灸針



• 中國產優、特、新中成藥



• 中國地道中藥飲片



• 臺灣產單味中藥濃縮粉



• 香港產優質外用藥  
• 針灸針附屬用品  
• 診所附屬用品  
• 中國產茶類

時珍永遠是您成功的堅實後盾！

Customer Care: 0044 (0)161 2098118 Fax: 0044 (0)161 2098116 Order Hot Line: 08006120288

Web: [www.shizhen.co.uk](http://www.shizhen.co.uk) E-mail: [enquires@shizhen.co.uk](mailto:enquires@shizhen.co.uk)

Address: ShiZhen TCM UK Ltd, ShiZhen House, 67 Ayres Road, Old Trafford, Manchester M16 9NH UK